DEPT.-65

JOB- 28

REEL- 5

# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF

# VITAL STATISTICS

# BIRTHS

# BEGINNING 1875

KP 23007

FORM RM-1 (11-55) RETAIN—PERM.

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

**Record Identification**

| 1. TITLE: | 2. Form No. if available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Live Birth | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | |

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed. | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 70 yrs. | Micro. Perm. | 70 yrs. and Micro. Perm. | | YES ☐ NO ☒ |

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/28/63 Date

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A. | B. | C. |
|---|---|---|---|---|---|
| 70 yrs. | Microfilm Permanet | 70 yrs. and Microfilm Permanent | ☒ To be sold as scrap or waste paper | ☐ To be Burned or shredded | ☐ Historical, (to be transferred to Dept. of Legislative Reference.) |

REMARKS:
1 Negative Roll
1 Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

# FILED ON FILM

# IN

# NUMERICAL ORDER

15751

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 15th 1876

*4. Place of Birth (Street and Number)* No 16 Somerset st

*5. Full Name of Mother* Mary Luber

*6. Mother's Maiden Name* Mary Kollering

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Victor Luber

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Hena St. Cyprus

*Address* 182 E Monument St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15752

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Pregnancy.

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* Dec. 15th 1876.
4. *Place of Birth (Street and Number)* 304 Light St.
5. *Full Name of Mother* Mary C. Saunders.
6. *Mother's Maiden Name* " " Warner.
7. *Mother's Birthplace* Washington, D. C.
8. *Full Name of Father* Columbus S. Saunders.
9. *Father's Occupation* Painter
10. *Father's Birthplace* Dorchester Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. R. J. H. Tall, M.D.

*Address* 158 S. Sharp St.

*Remarks* Twin Pregnancy. Period of Uterus Gest. about 6 mo. cause of miscarriage unknown. lived only a few moments after delivery.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15753

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* second child

*1. Sex (state whether Male or Female)* M.

*2. Race or Color (if not of the white race)* W.

*3. Date of Birth* Decemb 15 1876

*4. Place of Birth (Street and Number)* N 353 Druid Hill avenue

*5. Full Name of Mother* Sophia Patterson

*6. Mother's Maiden Name* Sophia Beck

*7. Mother's Birthplace* Kent co Eshore Md

*8. Full Name of Father* Wm P Patterson

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Balt Md

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 23 Franklin Bal

*Remarks*

# RETURN OF A BIRTH.

157511

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC 18 1876
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) first child

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) W
3. *Date of Birth* December 15 1876
4. *Place of Birth* (Street and Number) 365 Fayette st Balt
5. *Full Name of Mother* Ida Johnson
6. *Mother's Maiden Name* Ida Mealy
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John F Johnson
9. *Father's Occupation* Physician
10. *Father's Birthplace* North Carolina

*Name of Medical Attendant*, or other Person who makes this Return. C H Nelson M D

*Address* 25 Franklin st Balt

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day and date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15755

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Decr. 15th/76 |
| 4. Place of Birth (Street and Number) | Curly st No. 115 |
| 5. Full Name of Mother | Anny Nuffer |
| 6. Mother's Maiden Name | " Schuh |
| 7. Mother's Birthplace | Germ |
| 8. Full Name of Father | Henry Nuffer |
| 9. Father's Occupation | Wheelwright |
| 10. Father's Birthplace | Germ |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schulte |
| Address | Midwife |
| Remarks | 320 Allia Anna st |

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

-15756

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Girl

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* December 15 1876

*4. Place of Birth (Street and Number)* 66 Lane Street

*5. Full Name of Mother* Annie Jones

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Anapolis Maryland

*8. Full Name of Father* not known

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

15757

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 16th 1876 |
| *4. Place of Birth (Street and Number)* | 190 Walsh St |
| *5. Full Name of Mother* | Emma C. Halliday |
| *6. Mother's Maiden Name* | Stewart |
| *7. Mother's Birthplace* | Philad$^a$ Pa. |
| *8. Full Name of Father* | Robt J. Halliday |
| *9. Father's Occupation* | Florist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elias C. Price M.D. |
| *Address* | 267 Madison Av |
| *Remarks* | |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15758

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC 27 1876
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 16 September 1876

4. *Place of Birth* (Street and Number) W Fayette St 57

5. *Full Name of Mother* Louise Witte

6. *Mother's Maiden Name* Louise Meier

7. *Mother's Birthplace* Hanover Germany

8. *Full Name of Father* Heinrich Witte

9. *Father's Occupation* Grocer

10. *Father's Birthplace* Barnstedt Hanover Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dr Ferdinand Reinhardt

*Address* 224 West Fayette Street

*Remarks*

---

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec. 16. 1876 |
| *4. Place of Birth (Street and Number)* | 52 Town St. |
| *5. Full Name of Mother* | Mary Agnes |
| *6. Mother's Maiden Name* | Mary Doly |
| *7. Mother's Birthplace* | Balt. city |
| *8. Full Name of Father* | Thos. J. Agnes. |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Balt. city |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wharton Brewer M.D |
| *Address* | 2010. Biddle Street |
| *Remarks* | |

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15760

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Dec 16 1876 |
| *4. Place of Birth* (Street and Number) | No 11 N Eutaw St |
| *5. Full Name of Mother* | Anna Margaret Schmidt |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | John Metzger |
| *9. Father's Occupation* | Book Dealer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Rieman M.D. |
| *Address* | 87 Mulberry St |
| *Remarks* | |

*Extract Regulations of the Board of Health of Baltimore.*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15761

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Dec 16th 1876
4. Place of Birth (Street and Number) 224 Eastern ave
5. Full Name of Mother ~~Ellen~~ Mary Neuberger
6. Mother's Maiden Name ~~Cordray~~ Bauer
7. Mother's Birthplace Polen
8. Full Name of Father William Neuberger
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str.

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15762

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 16 December 1876

*4. Place of Birth (Street and Number)* 54 Washington St.

*5. Full Name of Mother* Mary Emert

*6. Mother's Maiden Name* " Smith

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Andreas

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casperson Dr.

*Address* 5 & E. Lombard St.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15768

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | zweite |
| *1. Sex (state whether Male or Female)* | Männlich |
| *2. Race or Color (if not of the white race)* | W |
| *3. Date of Birth* | 16. Dezember 1876. |
| *4. Place of Birth (Street and Number)* | S. Canton Ave. 293. |
| *5. Full Name of Mother* | Albina Pandigh |
| *6. Mother's Maiden Name* | Kiefer |
| *7. Mother's Birthplace* | Württemberg |
| *8. Full Name of Father* | Albert Pandigh |
| *9. Father's Occupation* | Tagelöhner |
| *10. Father's Birthplace* | Bad bei Stuttgart |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Louise Kluge. |
| *Address* | |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15764

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 26th 1876 |
| *4. Place of Birth (Street and Number)* | 160 Leadenhall St |
| *5. Full Name of Mother* | Susan Forbes |
| *6. Mother's Maiden Name* | Susan Ross |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | David Forbes |
| *9. Father's Occupation* | Paper Maker for Glass Ware |
| *10. Father's Birthplace* | New Jersey |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | 146 Hanover St |
| *Remarks* | 1 |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15766

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th December 1876
4. *Place of Birth (Street and Number)* 312 Bank St
5. *Full Name of Mother* Anna Catharine Jones
6. *Mother's Maiden Name* Anna C. Garrtling
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Thomas Levin Jones
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* Baltimore City Md

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas C. Daskill

*Address* 217 S. Broadway

*Remarks*

# RETURN OF A BIRTH.

15766

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC. 20. 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* December 16th

4. *Place of Birth (Street and Number)* No 232 Franklin St

5. *Full Name of Mother* Maria Louise Katzenberger

6. *Mother's Maiden Name* " " Riegel

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry F. Katzenberger

9. *Father's Occupation* Wood Turner

10. *Father's Birthplace* Ohio

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lindner

*Address* No 47 Monroe St

*Remarks*

---

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 16 December |
| *4. Place of Birth (Street and Number)* | 62 Granby Street |
| *5. Full Name of Mother* | Sarah Mc Grane |
| *6. Mother's Maiden Name* | Mihill |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Mc Grane |
| *9. Father's Occupation* | Draymen |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophie Simon |
| *Address* | 40 90 Granby Stat |
| *Remarks* | |

# RETURN OF A BIRTH.

15768

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
22
1915
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 16th 1876

*4. Place of Birth (Street and Number)* No 63 Greenmount st

*5. Full Name of Mother* Maggie Luckmann

*6. Mother's Maiden Name* Maggie Sater

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Luckmann

*9. Father's Occupation* Blacksmith

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Linda Hilbert

*Address* 182 Greenmount st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15769.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16th of Dec. 1876.
4. Place of Birth (Street and Number) 275 E. Monument.
5. Full Name of Mother Annie Norman
6. Mother's Maiden Name Annie Doged.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph Norman
9. Father's Occupation Plaster
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Water

Address 126 N. Caroline St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15770

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
19
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 16 |
| *4. Place of Birth (Street and Number)* | 55 Mulberry St |
| *5. Full Name of Mother* | Catherine ~~Hattel~~ Stenner |
| *6. Mother's Maiden Name* | Catherine Goeckel |
| *7. Mother's Birthplace* | Prussia |
| *8. Full Name of Father* | Jo Stenner |
| *9. Father's Occupation* | Barkeeper |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant, or other Person who makes this Return* | Geo L. Rice |
| *Address* | 37 Druid Hill Ave |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15771

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 16th 1876
4. Place of Birth (Street and Number) No 240 Raburght st
5. Full Name of Mother Annie Dutton
6. Mother's Maiden Name Miss Macentyle
7. Mother's Birthplace New Ark New Jersey
8. Full Name of Father Hope Dutton
9. Father's Occupation Coockman
10. Father's Birthplace ~~Mrs Chollotte Warren~~ Baltimore

~~Name of Medical Attendant~~, or other Person who makes this Return. Mrs Chollotte Warren

Address No 258 Raburght St

Remarks Died Dec 17th half past five in the morning Born time before

Laurel Cemetery Dec 17 Death from Strain J. B. Cook 707 W. Baltimore st

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 16th 1876
4. Place of Birth (Street and Number) # 44 Rose St
5. Full Name of Mother Anna Devall
6. Mother's Maiden Name Anna Bottles
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Francis Devall
9. Father's Occupation Watchman
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 433 Alice Anne St

Remarks

15773

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 17th Decbr.
4. Place of Birth (Street and Number) N 284 North Gay St.
5. Full Name of Mother Marie Steman
6. Mother's Maiden Name Dobler.
7. Mother's Birthplace Prussia.
8. Full Name of Father August Steman
9. Father's Occupation Watchmaker and Jeweller.
10. Father's Birthplace Hambrough. Germanie.

Name of Medical Attendant, or other Person who makes this Return. Dr R. Irmer.

Address N 207 N. Central Avenue

Remarks in Asphyxiam post tres horas post partum, neonatus.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1577

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1st.

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Dec 17. 1876
4. *Place of Birth* (*Street and Number*) 184 Preston St.
5. *Full Name of Mother* Anna Burns
6. *Mother's Maiden Name* " Murray
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Burns
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Ireland

*Name of Medical Attendant, or other Person who makes this Return.* Marbury Brewer M.D.

*Address* 201 W. Biddle St.

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1877

# RETURN OF A BIRTH.

15775

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 17 of December 1876
4. *Place of Birth (Street and Number)* No 228 Biddle st
5. *Full Name of Mother* Carline Larkastas
6. *Mother's Maiden Name* Carline Binker
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Martin Lancaster
9. *Father's Occupation* a Brick layer
10. *Father's Birthplace* in Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Eigeldinger

*Address* No 14 Minor st

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15776

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 8th

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Dec 17th 1876

*4. Place of Birth (Street and Number)* 37 Wyeth St

*5. Full Name of Mother* Mary E Reed

*6. Mother's Maiden Name* Varina

*7. Mother's Birthplace* Balto City

*8. Full Name of Father* Owen Reed

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Balto city

*Name of Medical Attendant,* or other Person who makes this Return. I H Gundy

*Address* 76 S Paca St

*Remarks*

# RETURN OF A BIRTH.

15777

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colrd |
| *3. Date of Birth* | Dec. 17th 1876 |
| *4. Place of Birth (Street and Number)* | N. Vincent Alley |
| *5. Full Name of Mother* | Hannah Evans |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Proctor |
| *Address* | N Carlton Ste |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15778

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 17th 1876

*4. Place of Birth (Street and Number)* No 6 East Street Baltimore city

*5. Full Name of Mother* Ellen Baker

*6. Mother's Maiden Name* Ellen Hoban

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Thomas Baker

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. J. Kinsway Andrew M D

*Address* No 121 E Baltimore St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15779

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)*

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 17th 1876
4. *Place of Birth (Street and Number)* No 43 Gough St.
5. *Full Name of Mother* Sarah Levitan
6. *Mother's Maiden Name* " " Manaservitz
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Henry Levitan
9. *Father's Occupation* Traveling Merchant
10. *Father's Birthplace* Poland

*Name of Medical Attendant,* or other Person who makes this Return. J. Ridgway Andre M.D.

*Address* No. 121 E Baltimore St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC 20 1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 16th 1876 |
| *4. Place of Birth (Street and Number)* | 16 S. Edgar |
| *5. Full Name of Mother* | Annie Virginia Luthart |
| *6. Mother's Maiden Name* | Annie Virginia S. Hopkins |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Wm H. Luthart |
| *9. Father's Occupation* | Can Maker |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | L. L. Wilkins M.D. |
| *Address* | 17 So Broadway |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15781

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* dec 11
4. *Place of Birth (Street and Number)* 112 East street
5. *Full Name of Mother* Adline Gray
6. *Mother's Maiden Name* Adline Williams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jerry Gray
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. mrs Sear Johnson

*Address* no 32 Short st

*Remarks* healthy child

15782

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c) | 2nd |
| 1. Sex (state whether Male or Female) | Male, |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | Dec 17th 1876 |
| 4. Place of Birth (Street and Number) | 4 Irvin Place |
| 5. Full Name of Mother | Sarah Cox |
| 6. Mother's Maiden Name | " Watts |
| 7. Mother's Birthplace | Balt. Md. |
| 8. Full Name of Father | John B. Cox |
| 9. Father's Occupation | Carpenter |
| 10. Father's Birthplace | Balt. Md. |
| Name of Medical Attendant, or other Person who makes this Return | G. G. Rust M. D. |
| Address | Balt. & Wash. sts. |
| Remarks | Natural |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15783

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC 21 1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | December 7th Monday |
| *4. Place of Birth (Street and Number)* | No 296 Hoffman St |
| *5. Full Name of Mother* | Mrs Clara Merryman Crane |
| *6. Mother's Maiden Name* | Clara Merryman |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | Mr Henry Ryland Crane |
| *9. Father's Occupation* | Life Insurance |
| *10. Father's Birthplace* | Richmond, Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | N. G. Keirle M.D. |
| *Address* | No 74 N. Paca St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

157811

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 8th |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 1876 Dec 17th |
| 4. Place of Birth (Street and Number) | Balt Md Pratt St No 736 |
| 5. Full Name of Mother | Margaret Wallace |
| 6. Mother's Maiden Name | Margaret Weeks |
| 7. Mother's Birthplace | Slaty Bridge England |
| 8. Full Name of Father | Walter Wallace |
| 9. Father's Occupation | Machinist |
| 10. Father's Birthplace | Rochdale England |
| Name of Medical Attendant, or other Person who makes this Return. | Wm D G Larkin M D |
| Address | No 761 W Pratt St |
| Remarks | Labour Natural |

# RETURN OF A BIRTH.

15783

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
22
1976
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | the ninth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December the 17 1876 |
| *4. Place of Birth (Street and Number)* | Eastern Avenue No 346 |
| *5. Full Name of Mother* | Ann E Fray |
| *6. Mother's Maiden Name* | Ann E Tracy |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William E Fray |
| *9 Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ann Emily Ball |
| *Address* | No 171 South Chester St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15786

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 17th 1876

*4. Place of Birth (Street and Number)* No 6 E Monument st

*5. Full Name of Mother* Emma Müller

*6. Mother's Maiden Name* Emma Balin

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry J. Müller

*9. Father's Occupation* Barber

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Leena Hiltegest

*Address* 1 N Monument st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15787

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 17th 1876

*4. Place of Birth (Street and Number)* No 462 N Gay st

*5. Full Name of Mother* Maggie Sheeler

*6. Mother's Maiden Name* Maggie Meller

*7. Mother's Birthplace* Germany

*8. Full Name of Father* A. H. Sheeler

*9. Father's Occupation* Flour and Feed store

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Lena Hillegeist

*Address* 182 Monument St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15788

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 th |
| *1. Sex (state whether Male or Female)* | Male — |
| *2. Race or Color (if not of the white race)* | White — |
| *3. Date of Birth* | December 17 - 1876 — |
| *4. Place of Birth (Street and Number)* | No - 220 N - Carey St - |
| *5. Full Name of Mother* | Ellen H - Donaldson |
| *6. Mother's Maiden Name* | " " Thompson |
| *7. Mother's Birthplace* | Baltimore, Md - |
| *8. Full Name of Father* | Thomas W - Donaldson |
| *9. Father's Occupation* | Revenue Store Keeper |
| *10. Father's Birthplace* | Phil - Penn — |
| *Name of Medical Attendant,* or other Person who makes this Return. | John J. King, M.D |
| *Address* | Edmondson Ave |
| *Remarks* | West Canallton Ave - |

Normal

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15789

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
18
1876
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 17 December |
| *4. Place of Birth (Street and Number)* | 135 Harford Ave |
| *5. Full Name of Mother* | Margaret Furlong |
| *6. Mother's Maiden Name* | Murphy |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Furlong |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula J. Chrionner |
| *Address* | 19 Forest Place |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15790

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Dec 18 |
| 4. Place of Birth (Street and Number) | 11 China St |
| 5. Full Name of Mother | Coradera Bully |
| 6. Mother's Maiden Name | Bohrman |
| 7. Mother's Birthplace | Bavern |
| 8. Full Name of Father | Charles Bully |
| 9. Father's Occupation | Tailor |
| 10. Father's Birthplace | Prussian |
| Name of Medical Attendant, or other Person who makes this Return. | Mary Frost |
| Address | 328 S Eutaw St |
| Remarks | |

15791

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* — child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White race

*3. Date of Birth* December 18th 1876

*4. Place of Birth (Street and Number)* Chase St # 295

*5. Full Name of Mother* Babara Kramer

*6. Mother's Maiden Name* " Hymel

*7. Mother's Birthplace* Baden Europe

*8. Full Name of Father* Joseph Himmel

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Bayern Europe

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Rose Kelly

*Address* 18 Holland St City

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15792

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC 30 1916
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | first child |
| 1. *Sex* (state whether Male or Female) | female |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | 18 Dec 1876 |
| 4. *Place of Birth* (Street and Number) | 134 Chestnut St |
| 5. *Full Name of Mother* | Rachel Johnson |
| 6. *Mother's Maiden Name* | " " |
| 7. *Mother's Birthplace* | Cumberland Co |
| 8. *Full Name of Father* | George Bailey |
| 9. *Father's Occupation* | Teamster |
| 10. *Father's Birthplace* | Co |
| *Name of Medical Attendant*, or other Person who makes this Return. | Sophia Hines |
| *Address* | 135 Chestnut St |
| *Remarks* | |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15793

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 18

*4. Place of Birth (Street and Number)* No 8 Tyson St

*5. Full Name of Mother* Rose Ann Way

*6. Mother's Maiden Name* " " Riley

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* John H. Way

*9 Father's Occupation* Merchant

*10. Father's Birthplace* Nova Scotia

*Name of Medical Attendant,* or other Person who makes this Return. Charles Lowndes M.D.

*Address* 59 Cathedral St.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15794

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 18 Dec 1876

*4. Place of Birth (Street and Number)* 6 Watson St.

*5. Full Name of Mother* Margaret Klinger

*6. Mother's Maiden Name* Hamber

*7. Mother's Birthplace* Germany

*8. Full Name of Father* August Klinger

*9. Father's Occupation* Cigar maker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper for P.

*Address* 52 E. Bombard St.

*Remarks*

15795

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 Dec. 1876
4. *Place of Birth (Street and Number)* 168 Bond St.
5. *Full Name of Mother* Josephine Stein
6. *Mother's Maiden Name* Schultheiss
7. *Mother's Birthplace* U. States of America
8. *Full Name of Father* Geo. Stein
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* U. States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carpenter

*Address* 422 E. Lexington

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

~~#~~ 15796

15797

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) Color
3. Date of Birth December the 18 1876
4. Place of Birth (Street and Number) hughes St No 255 Beteen Sharp St
5. Full Name of Mother hester Johnson and han voar
6. Mother's Maiden Name hester Brad in
7. Mother's Birthplace Acmack County
8. Full Name of Father James F Johnson
9. Father's Occupation any thing that he can gib to Do
10. Father's Birthplace he Was Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. margarg Sprig

Address No 2 peach Al ley Beteen hambug and

Remarks did haveang dif fa Coult henriet St

A toal

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15798

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Dec 18th 1876

*4. Place of Birth (Street and Number)* Gough St 278

*5. Full Name of Mother* Louisa Frances Thomas

*6. Mother's Maiden Name* Louisa Frances Thomas

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Geo Morgan

*9. Father's Occupation* Engineer

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Jones

*Address* No 93 S Chester St Balto

*Remarks* Mother's Child

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15799

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second - |
| *1. Sex (state whether Male or Female)* | female - |
| *2. Race or Color (if not of the white race)* | white - |
| *3. Date of Birth* | December 18th 1875 |
| *4. Place of Birth (Street and Number)* | 128 N. Schroeder St. |
| *5. Full Name of Mother* | Kate Maydalen Coulon |
| *6. Mother's Maiden Name* | Coogan |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Andrew Joseph Coulon |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15500

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 18th 1876 |
| *4. Place of Birth (Street and Number)* | No 24½ S Dallas st. |
| *5. Full Name of Mother* | Mary Hofstner |
| *6. Mother's Maiden Name* | " Dony |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Dolm Hofstner |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Bushmann |
| *Address* | 120 Bank st |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15841

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 18th 1876
4. *Place of Birth* (Street and Number) 516 S Fine St
5. *Full Name of Mother* Anna Metter
6. *Mother's Maiden Name* Anna Karn
7. *Mother's Birthplace* America
8. *Full Name of Father* Mike Metter
9. *Father's Occupation* Pork Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Catharine Doll.

*Address*

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

14 15802

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 18 of December |
| *4. Place of Birth (Street and Number)* | Randall St No 43 |
| *5. Full Name of Mother* | Josefine Bretham |
| *6. Mother's Maiden Name* | Josefine Wielhame |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Salomel Bretham |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

15803

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | Dec 18th 1876 |
| 4. Place of Birth (Street and Number) | N. Corner Sharp & Cross st |
| 5. Full Name of Mother | Mary Heckman |
| 6. Mother's Maiden Name | Romose |
| 7. Mother's Birthplace | America |
| 8. Full Name of Father | Conrad Heckman |
| 9. Father's Occupation | Carver |
| 10. Father's Birthplace | Germany |
| Name of Medical Attendant, or other Person who makes this Return. | J. Lohwasser midwife |
| Address | 213 Cross st |
| Remarks | |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over 158011

# RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Name: John H. Johnson

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Children |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wife |
| *3. Date of Birth* | 18 of December |
| *4. Place of Birth (Street and Number)* | Randall St N 39 |
| *5. Full Name of Mother* | Virginia Johnson |
| *6. Mother's Maiden Name* | Virginia Rosenbrocke |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Eliza Johnson |
| *9. Father's Occupation* | Bricklaer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St N 128 |
| *Remarks* | |

15805

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 18th 1876.
4. *Place of Birth (Street and Number)* 85 Summerset street
5. *Full Name of Mother* Crescencia Scherler
6. *Mother's Maiden Name* Crescencia Brang
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Scherler
9. *Father's Occupation* Carter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist,

*Address* No 182 E Monument Street

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15806

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 15th 1876

*4. Place of Birth (Street and Number)* [illegible] Bay and Eager st no number

*5. Full Name of Mother* Mary Dressel

*6. Mother's Maiden Name* Mary Dressel

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Adam Dressel

*9. Father's Occupation* Telegraph Lineman

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] Hillegeist

*Address* No 182 E Monument st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15807

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Color of Child Brunette |
| *3. Date of Birth* | Date of 18 of December 1876 |
| *4. Place of Birth (Street and Number)* | 225 Mulliken St |
| *5. Full Name of Mother* | Mary Dixon |
| *6. Mother's Maiden Name* | Mary Tenney |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Daniel Dixon |
| *9. Father's Occupation* | Oyster Shucker |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Midwife Harriet Bentham |
| *Address* | 84 Hull St |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

15808

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
23
1876
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Eleventh!

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 18th 1876
4. *Place of Birth (Street and Number)* 124 North Bond St.
5. *Full Name of Mother* Mary Francis Gourley,
6. *Mother's Maiden Name* " " Weaver,
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Capt. James Gourley,
9. *Father's Occupation* Steamboat Captain,
10. *Father's Birthplace* Ireland,

*Name of Medical Attendant,* or other Person who makes this Return. John Morris, M.D.,

*Address* No. 5, Franklin St. Baltimore, Maryland.

*Remarks*

15809

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 December
4. *Place of Birth (Street and Number)* 115 N Front St
5. *Full Name of Mother* Bridget Shiel
6. *Mother's Maiden Name* ~~Hoga~~ Horgan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Edward T Shiel
9. *Father's Occupation* Printer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Ursula T Chrismer

*Address* No 19 Forrest Place

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15810

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Dec 19th 1876

*4. Place of Birth (Street and Number)* 31 Fayette St

*5. Full Name of Mother* Mary Parker

*6. Mother's Maiden Name* " Bowers

*7. Mother's Birthplace* City

*8. Full Name of Father* Johny Parker

*9. Father's Occupation* Ship Joiner

*10. Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Bashmann

*Address* 120 Bank St

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Quiz 15811

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

Name: Flora Virginia Hooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth December 19th 1876
4. Place of Birth (Street and Number) 150 Mo. Altre Street
5. Full Name of Mother Margaret (~~Margret~~) (~~Huber~~) Hooper
6. Mother's Maiden Name " (~~Margret~~) Butler
7. Mother's Birthplace (~~Talawar~~) Delaware
8. Full Name of Father James H.H. (~~Huber~~) Hooper
9. Father's Occupation Storkeper en Rostim Plaus
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond Street

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13812

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) | 9d |
| 1. *Sex* (*state whether Male or Female*) | Female |
| 2. *Race or Color* (*if not of the white race*) | White |
| 3. *Date of Birth* | December the 19th 1876 |
| 4. *Place of Birth* (*Street and Number*) | 195 Sharp Street |
| 5. *Full Name of Mother* | Maria Weltner |
| 6. *Mother's Maiden Name* | " " Martin |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | John Weltner |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

# RETURN OF A BIRTH.

15813

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC 26 1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 19th 1876 |
| *4. Place of Birth (Street and Number)* | No 3 N. Wolf st |
| *5. Full Name of Mother* | Mary Schmuck |
| *6. Mother's Maiden Name* | Kratz |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Schmuck |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | No 121 Mrs E Bustmann |
| *Address* | 120 Bank st |
| *Remarks* | |

**Sanitary Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13814

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3ter Kind

1. *Sex* (state whether Male or Female) Knab ~~Weib~~ M.
2. *Race or Color* (if not of the white race) Weiß
3. *Date of Birth* geboren 19ten Dezember
4. *Place of Birth* (Street and Number) No. 178 Corner of Dallas und Eastern Av.
5. *Full Name of Mother* Allen Stügens
6. *Mother's Maiden Name* Allen Lord
7. *Mother's Birthplace* geboren in Baltimore
8. *Full Name of Father* Jacmelen Stügens
9. *Father's Occupation* Fleiß Arbeiter
10. *Father's Birthplace* Geboren in Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Friderike Kaufmann No 178 Corner of Dallas und Eastern Av

*Remarks* Hebamme

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15815

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JAN
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 19th 1876 |
| *4. Place of Birth (Street and Number)* | 487 W. Baltimore St |
| *5. Full Name of Mother* | Emma. Shaw |
| *6. Mother's Maiden Name* | Emma. Rea |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | William. Shaw |
| *9. Father's Occupation* | Pattern. maker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabeth Sinntai |
| *Address* | No 818 W Pratt St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15816

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 19 1876
4. Place of Birth (Street and Number) 24 N Greene St
5. Full Name of Mother Addie Dennany
6. Mother's Maiden Name Chamberlain
7. Mother's Birthplace Rochester N. York
8. Full Name of Father A. J. Dennany
9. Father's Occupation
10. Father's Birthplace Rochester N York

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp

Address 55 N. Greene

Remarks These persons are not residents of this city were here only temporarily W. F. A. K.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Barber Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15817

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

*No. of Child of Mother* (~~state whether~~ *1st,* ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

Died 19th 76
No 9 N Calhoun St
Bertha Bremer
Bertha Pels.
Oldenburg, Germany.
Moses Bremer.
Cattle Broker.
Balto City Md
John I. R. Frozen M.D.

13818

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 14 of December |
| *4. Place of Birth (Street and Number)* | West St No 140 |
| *5. Full Name of Mother* | Lizzie Bush |
| *6. Mother's Maiden Name* | Lizzie Kimel |
| *7. Mother's Birthplace* | Hallsbeck in germeney |
| *8. Full Name of Father* | Henery Bush |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Stinebeck |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 120 |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15819

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Four Children

*1. Sex (state whether Male or Female)* Part A Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Born the 19 of December 1876

*4. Place of Birth (Street and Number)* 34 West Orleans St

*5. Full Name of Mother* Ann Dorsey

*6. Mother's Maiden Name* Ann Comand

*7. Mother's Birthplace* B. Ireland

*8. Full Name of Father* Mark Comand

*9. Father's Occupation* Officer

*10. Father's Birthplace* " Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 11 North Chappel st for John Kunkel

*Remarks* Healthy

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15820

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Children

1. *Sex (state whether Male or Female)* Last A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born the 19th of December 1876
4. *Place of Birth (Street and Number)* 288 North St Madison St
5. *Full Name of Mother* Liza Paul
6. *Mother's Maiden Name* Liza Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Sammy Smith
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 7 [illegible] Chappel st [illegible] John Kunkel

*Remarks* Healthy

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

158921

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
1876
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 19th 1876 |
| *4. Place of Birth (Street and Number)* | 146 Division St. |
| *5. Full Name of Mother* | Mary J. Lathagen |
| *6. Mother's Maiden Name* | " " Kelly |
| *7. Mother's Birthplace* | West Virginia |
| *8. Full Name of Father* | Joseph W Latham |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Chas Fawcett |
| *Address* | 92 Woodbury St |
| *Remarks* | |

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15822

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Eight (8th)

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 14th 1876

*4. Place of Birth (Street and Number)* # 305 Eastern Avenue

*5. Full Name of Mother* Anna Hierly

*6. Mother's Maiden Name* Anna Farrell

*7. Mother's Birthplace* Charles County Md

*8. Full Name of Father* Mayour Hierly

*9. Father's Occupation* Captain on Sug Boat

*10. Father's Birthplace* Charles County Md

*Name of Medical Attendant,* or other Person who makes this Return. Rachel G. Farrell

*Address* # 433 Alice Anna St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15823

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 20th 1876

*4. Place of Birth (Street and Number)* No. 371 Park Ave

*5. Full Name of Mother* Emma Theodora Hilken

*6. Mother's Maiden Name* Emma Theodora Hinrichs

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry Gerhard Hilken

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Bremen Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. R. Richard M.D.

*Address* No 116 Park Ave

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

158214

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

Name of child Frederick Maurice Riggers

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 20th 1876 |
| *4. Place of Birth (Street and Number)* | South side Jefferson st 1st door west of Broadway |
| *5. Full Name of Mother* | Elizabeth Rieger (Rigger) |
| *6. Mother's Maiden Name* | Elizabeth Berger |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Augustus Rieger (Rigger) |
| *9. Father's Occupation* | Policeman |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | D W Cathell M D |
| *Address* | 1½ S Exeter St. |
| *Remarks* | |

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15825

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 20 Dec

*4. Place of Birth (Street and Number)* 160 L Green St

*5. Full Name of Mother* Francis Gichell

*6. Mother's Maiden Name* Herrman

*7. Mother's Birthplace* Jackson

*8. Full Name of Father* Conrad Gichell

*9. Father's Occupation* Cigar maker

*10. Father's Birthplace* Kurhessen

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15826

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC 29 1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The Twelth Child of |
| *1. Sex (state whether Male or Female)* | All males, |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | On the 20th of Dec, 1876 |
| *4. Place of Birth (Street and Number)* | No 59 N. frederick St, |
| *5. Full Name of Mother* | Catherine Glantz. |
| *6. Mother's Maiden Name* | Catherine Stralar, |
| *7. Mother's Birthplace* | Europe |
| *8. Full Name of Father* | Christian Glantz. |
| *9. Father's Occupation* | Boot Shoe and Gaiter fittir |
| *10. Father's Birthplace* | Europe |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Rice Entbindungs & Frauenkrankheiten No 26. |
| *Address* | North Frederick St |
| *Remarks* | Her remarks are that it is the only thing she ever saw of 12 twelve sons and not a one female Birth |

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15827

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 3 1827 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Children 2 |
| *1. Sex* (state whether Male or Female) | Female Child |
| *2. Race or Color* (if not of the white race) | Colored Child |
| *3. Date of Birth* | Born December 20 1876 |
| *4. Place of Birth* (Street and Number) | No 63 Mulligan Street |
| *5. Full Name of Mother* | William Harris |
| *6. Mother's Maiden Name* | Emily Harris |
| *7. Mother's Birthplace* | Baltimore MD |
| *8. Full Name of Father* | Baltimore MD |
| *9. Father's Occupation* | Oysters Shucker |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Harriet Jackson |
| *Address* | No 97 Chestnut Street |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**rect Record of Vital Statistics in the City of Baltimore.**

15828

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st. |
| *1. Sex (state whether Male or Female)* | Male, |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 20th. 1876 |
| *4. Place of Birth (Street and Number)* | 108 S. Collington Ave. |
| *5. Full Name of Mother* | Martha ~~Bidyou~~ Fry, |
| *6. Mother's Maiden Name* | " Binyon |
| *7. Mother's Birthplace* | Balt. Md. |
| *8. Full Name of Father* | James C. Fry |
| *9. Father's Occupation* | Weigher of Coal |
| *10. Father's Birthplace* | Balt. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | C. C. Rust M. D. |
| *Address* | Balt. & Hart. sts. |
| *Remarks* | Natural |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15829

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* the 20 of December

*4. Place of Birth (Street and Number)* 244 Cornell Street

*5. Full Name of Mother* Lizz Dowsey

*6. Mother's Maiden Name* Liz Kamkins

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Moz Kamkin

*9. Father's Occupation* Porter

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Pocrett William

*Remarks* Mother And Child Dwy Well

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15830

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Colored Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth th 20 of December th 1876
4. Place of Birth (Street and Number) 84 Chesnut Street
5. Full Name of Mother Mary J Johnson
6. Mother's Maiden Name Mary J Ward
7. Mother's Birthplace Easton Shore
8. Full Name of Father Lizi Johnson
9. Father's Occupation Leather
10. Father's Birthplace Fredric City

Name of Medical Attendant, or other Person who makes this Return. Rosa Williams

Address No 70 Chesnut Street

Remarks Mother And Child doing Well

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15831

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Wednesday Dec 20th |
| *4. Place of Birth (Street and Number)* | No 81 South Fremont St |
| *5. Full Name of Mother* | Fredricka Scheeler. |
| *6. Mother's Maiden Name* | " " Rastens |
| *7. Mother's Birthplace* | Berlin |
| *8. Full Name of Father* | Peter Scheeler. |
| *9. Father's Occupation* | Saloon Keeper. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Sebach. |
| *Address* | No 439 Mt. Pratt St |
| *Remarks* | |

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15832

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

15833

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex (state whether Male or Female) | male |
| 2. Race or Color (if not of the white race) | white |
| 3. Date of Birth | Dec. 20th 1876. |
| 4. Place of Birth (Street and Number) | 142 Hammelton L. |
| 5. Full Name of Mother | Eliesa Bindewald |
| 6. Mother's Maiden Name | E. Mueller |
| 7. Mother's Birthplace | Hessen Germany |
| 8. Full Name of Father | August Bindewald |
| 9. Father's Occupation | Shoemaker |
| 10. Father's Birthplace | Hessen Germany |
| Name of Medical Attendant, or other Person who makes this Return. | Sophia Wenzel |
| Address | 50 Pearl Street |
| Remarks | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

151311

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | second |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | December 20th 1876. |
| *4. Place of Birth (Street and Number)* | 37 Morgan St. |
| *5. Full Name of Mother* | Anna E. Guinie |
| *6. Mother's Maiden Name* | A. E. Kunne |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | George Guinie |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wood |
| *Address* | 36 Clark St. |
| *Remarks* | |

# RETURN OF A BIRTH.

155835

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3. 1876 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | ~~Mixt~~ White |
| *3. Date of Birth* | 20th December |
| *4. Place of Birth (Street and Number)* | No 93 Albmarle st |
| *5. Full Name of Mother* | ~~Mrs~~ Betsy Mc Adams |
| *6. Mother's Maiden Name* | Betsy Price |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Mc Adams |
| *9. Father's Occupation* | labor |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabeth Flemming |
| *Address* | 97 Albmarle st |
| *Remarks* | healthy |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15836

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 20th Dec 1876
4. *Place of Birth* (Street and Number) 366 Cross St
5. *Full Name of Mother* Julia Johnston
6. *Mother's Maiden Name* Julia Waters
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward L Johnston
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant*, or other Person who makes this Return. Wm Leo Walker

*Address* No 94 S Dallas St

*Remarks*

**Correct Record of Vital Statistics to the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

155137

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
28
1876
BALTIMORE.

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c*) 1

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*) [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth* (*Street and Number*) [illegible]
5. *Full Name of Mother* Catherine Cahill
6. *Mother's Maiden Name* Catherine Cahill
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Carroll
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Ireland

*Name of Medical Attendant*, or other Person who makes this Return. [illegible]

*Address* no 16 Fulton

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents and the maiden name of the mother of such child or children.**

**rect Record of Vital Statistics in the City of Baltimore.**

15838

# RETURN OF A BIRTH.

GIVEN NAME ADDED 8-4-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

Name: Clara Clintonia Groppel

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 20th 1876
4. Place of Birth (Street and Number) 160 S Paca St
5. Full Name of Mother Catherine F Groppel
6. Mother's Maiden Name
7. Mother's Birthplace Balto city
8. Full Name of Father Peter H Groppel
9. Father's Occupation Clerk
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Cumey

Address

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15839

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether ~~Male~~ or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Dec 20th 1876

*4. Place of Birth (Street and Number)* 235 Columbia St

*5. Full Name of Mother* Annie Barker

*6. Mother's Maiden Name* Walsh

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Chas W Barker

*9. Father's Occupation* Apothecary

*10. Father's Birthplace* England

*Name of Medical Attendant,* or other Person who makes this Return. J. H. Conney

*Address* 176 S Pacific

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15840

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* zweite

*1. Sex (state whether Male or Female)* Knabe

*2. Race or Color (if not of the white race)* "

*3. Date of Birth* 20. Dezember 1876.

*4. Place of Birth (Street and Number)* Allice Ann Street 244

*5. Full Name of Mother* Henriette Eichhorn

*6. Mother's Maiden Name* Kreß

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Peter Eichhorn

*9. Father's Occupation* Taglöhner

*10. Father's Birthplace* Kirchleuß Bayern

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. Louise Kraft.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15841

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 20th 1876
4. Place of Birth (Street and Number) 32 Edward St
5. Full Name of Mother Anna Stica Lavidge
6. Mother's Maiden Name Anna Stica Sanders
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Edward Lavidge
9. Father's Occupation Porter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. Geo Walls M.D.

Address 151 E Monument Street

Remarks Very healthy child

V

15842

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex (state whether Male or Female) Last A Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 20th of December 1876
4. Place of Birth (Street and Number) 374 South Fayettest
5. Full Name of Mother Susana Roan
6. Mother's Maiden Name Susana Mapan
7. Mother's Birthplace Virginia
8. Full Name of Father G F Mapan
9. Father's Occupation Maichinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel St. for John Kunkel

Remarks Healthy

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15843

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Third |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Dec. 20. 1876. |
| 4. Place of Birth (Street and Number) | 66 Wilmore Aly Cor Mosher St. |
| 5. Full Name of Mother | E. A. Day |
| 6. Mother's Maiden Name | Williams |
| 7. Mother's Birthplace | Balto. City |
| 8. Full Name of Father | Enoch Day |
| 9 Father's Occupation | Laborer |
| 10. Father's Birthplace | Balto. City |
| Name of Medical Attendant, or other Person who makes this Return. | J. H. Christian M.D. |
| Address | 431 Penna Ave |
| Remarks | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15844

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 20 Dec 1876

*4. Place of Birth (Street and Number)* No 88 S. Central Ave

*5. Full Name of Mother* Anni Frank

*6. Mother's Maiden Name* Bruning

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Fred. Wm Frank

*9. Father's Occupation* Store keeper

*10. Father's Birthplace* Germanny

*Name of Medical Attendant,* or other Person who makes this Return. Gertraut Miller

*Address* 151 E Pratt St.

*Remarks*

...stics in the City of Baltimore.

...midwife, or other person in charge, who shall attend, assist or ...nd, within the City of Baltimore, shall report to the registrar aforesaid, ...r, stating distinctly the date of birth, sex, and color of the child or children ...physical condition, whether still born or not, the full name, nativity, and residence ...ents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

155115

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Tenth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec, 20th 1876 |
| *4. Place of Birth (Street and Number)* | No 6 Harford Ave |
| *5. Full Name of Mother* | Annie Murphy |
| *6. Mother's Maiden Name* | Annie Murphy |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Murphy |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant, or other Person who makes this Return* | Ed as W. Hunter MD |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Fee Record of Vital Statistics in the City of Baltimore.**

15846

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 20 December |
| *4. Place of Birth (Street and Number)* | 218 Durham St |
| *5. Full Name of Mother* | Bridget Shields |
| *6. Mother's Maiden Name* | Cosby |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Bernard Shields |
| *9. Father's Occupation* | Brick Yard |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrisma |
| *Address* | No 19 Forrest St |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15847

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ninth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec. 20th 1876 |
| *4. Place of Birth (Street and Number)* | No 6 Harford Ave |
| *5. Full Name of Mother* | Annie Murphy |
| *6. Mother's Maiden Name* | Annie Murphy |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Murphy |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas W. Hunter MD |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

158448

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 27th 1876 |
| *4. Place of Birth (Street and Number)* | S. E. Cor Wilkens & Hughes st |
| *5. Full Name of Mother* | Mary E Hall |
| *6. Mother's Maiden Name* | Mary E Fitzpatrick |
| *7. Mother's Birthplace* | Pennsylvania |
| *8. Full Name of Father* | Thomas Hall |
| *9. Father's Occupation* | Carter |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Lentz M.D. |
| *Address* | 146 Hanover St |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**rect Record of Vital Statistics in the City of Baltimore.**

# RETURN OF A BIRTH.

15819

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 21. 1876 |
| *4. Place of Birth (Street and Number)* | 123 N Bullock St |
| *5. Full Name of Mother* | Ignatia M. Creecy |
| *6. Mother's Maiden Name* | Ignatia M. Browne |
| *7. Mother's Birthplace* | Howard County Maryland |
| *8. Full Name of Father* | Edward W. Creecy |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Washington D.C. |
| *Name of Medical Attendant, or other Person who makes this Return.* | B. B. Browne M.D |
| *Address* | 317 Madison Avenue |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15850

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth December 21st 1876
4. Place of Birth (Street and Number) 359 Saratoga st
5. Full Name of Mother Fredericka Keller
6. Mother's Maiden Name Fredericka Stump
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Edward Keller
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzehl

Address 220 Preston st Balto Md

Remarks Deformed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

155851

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
27
1876
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* December 21st 1876
4. *Place of Birth* (Street and Number) 70 Portland st
5. *Full Name of Mother* Barbara Reinheimer
6. *Mother's Maiden Name* Barbara Pinkler
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Theodore Reinheimer
9. *Father's Occupation* Shoe Operator
10. *Father's Birthplace* New York City

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Annie Miesenzehl

*Address* 220 Preston st Balto Md

*Remarks*

**Rules in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15852

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 15 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Dec 21st 1876. |
| 4. Place of Birth (Street and Number) | 44 S High St |
| 5. Full Name of Mother | Barbara Pletcher |
| 6. Mother's Maiden Name | " " Buchheimer |
| 7. Mother's Birthplace | Baltimore Md |
| 8. Full Name of Father | John Pletcher |
| 9. Father's Occupation | Cutlery store |
| 10. Father's Birthplace | Baltimore, Md. |
| Name of Medical Attendant, or other Person who makes this Return. | D W Cathell Md |
| Address | 1½ S Exeter St |
| Remarks | Child had only attained 7½ months of utero gestation at time of birth. |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15853

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 21 Dec

*4. Place of Birth (Street and Number)* 558 W Balti St

*5. Full Name of Mother* Agueda Herrman

*6. Mother's Maiden Name* Linds

*7. Mother's Birthplace* Wurtemberg

*8. Full Name of Father* John Herrman

*9. Father's Occupation* Taylor

*10. Father's Birthplace* Bavern

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St

*Remarks*

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

135511

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* Dec 21st 1876
4. *Place of Birth* (Street and Number) Centre st 55
5. *Full Name of Mother* Josephine Bradford
6. *Mother's Maiden Name* Josephine Wells
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James T. Bradford
9. *Father's Occupation* Physician Dealer
10. *Father's Birthplace* Washington

*Name of Medical Attendant, or other Person who makes this Return.* E. L. Baldwin

*Address* 124 N. Eutaw st

*Remarks*

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

15533

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 2 Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21 of December |
| *4. Place of Birth (Street and Number)* | East Fayette Street No 11 |
| *5. Full Name of Mother* | Mrs Jennie E Whitburn |
| *6. Mother's Maiden Name* | Jennie E Whitburn |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Samuel Hibbing Whitburn Jr |
| *9. Father's Occupation* | Fireman |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ethel |
| *Address* | Eutaw Street |
| *Remarks* | |

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15856

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
27
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21 st of Dec 1876 |
| *4. Place of Birth (Street and Number)* | 102 Fair Mount Ave |
| *5. Full Name of Mother* | Minnie Bankard |
| *6. Mother's Maiden Name* | Link |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Jacob James Bankard |
| *9 Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. P. Ford M.D. |
| *Address* | 406 E. Balto. St. |
| *Remarks* | |

***reet Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15857

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 21 1876
4. *Place of Birth (Street and Number)* 199 N. Karlein Street
5. *Full Name of Mother* Eliesabeth Rudiger
6. *Mother's Maiden Name* E Roder
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Gustaf Rudiger
9. *Father's Occupation* Karbenter
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Rudiger

*Address* 134 N. Bond Ave.

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15868

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
28
1876
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* 21st December 1876.

4. *Place of Birth (Street and Number)* 26. Bird St.

5. *Full Name of Mother* Maryann Frum.

6. *Mother's Maiden Name* Maryann Kaber.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Tomas Frum.

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Katherine Hearner.

*Address* No 29 Elizabeth Lane.

*Remarks*

**Feet Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13859

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth (4th) |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 21st 1876 |
| *4. Place of Birth (Street and Number)* | ✠ 93 Hudson st |
| *5. Full Name of Mother* | Sarah Eliza Hartman |
| *6. Mother's Maiden Name* | Sarah Eliza Miller |
| *7. Mother's Birthplace* | Pennsylvania |
| *8. Full Name of Father* | Ezacariah Hartman |
| *9. Father's Occupation* | Basket Maker |
| *10. Father's Birthplace* | Pennsylvania |
| *Name of Medical Attendant, or other Person who makes this Return.* | Rachel A Garrett |
| *Address* | ✠ 433 Alice Anne St |
| *Remarks* | |

15860

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* Dec 21
4. *Place of Birth (Street and Number)* 93 N. north 2d
5. *Full Name of Mother* Ida Chambers
6. *Mother's Maiden Name* unmarried
7. *Mother's Birthplace* virginia
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. mrs lear fahnesen

*Address* no 32 Hart st

*Remarks* healthy child

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15861

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec. 21st 1876 |
| *4. Place of Birth (Street and Number)* | Baltimore & Schroeder No 24 |
| *5. Full Name of Mother* | Virginia Barton |
| *6. Mother's Maiden Name* | " " Neighof |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | Thomas Barton |
| *9. Father's Occupation* | Machines |
| *10. Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs & Dr Mitchell |
| *Address* | No 122 Parkin st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children.

15862

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 21st 1876

*4. Place of Birth (Street and Number)* No 51 Milliman

*5. Full Name of Mother* Gertrude Newman

*6. Mother's Maiden Name* Gertrude Rosenberger

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Frederic Newman

*9. Father's Occupation* Cigar maker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Lena Hillegrost

*Address* No 182 G Monument St

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15863

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* — Third —

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Decr 21st 1876

*4. Place of Birth (Street and Number)* Townsend St. near Myrtle ave

*5. Full Name of Mother* Emily Mulville

*6. Mother's Maiden Name* " Warters

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Wm Mulville

*9. Father's Occupation* Clerk.

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. C W Chancellor

*Address* 174 Argyle ave

*Remarks*

**Penal Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13861

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the. 21. 1876.
4. *Place of Birth (Street and Number)* N. Dallas St. No 28.
5. *Full Name of Mother* Wilhelmine Kohrs
6. *Mother's Maiden Name* Wilhelmine Bombage
7. *Mother's Birthplace* Basel. N. Prussen. Germany
8. *Full Name of Father* Heinrich Kohrs
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Hildesheim N. Prussen. Germany

*Name of Medical Attendant, or other Person who makes this Return.* Harry E. Miller

*Address* N. Dallas St. No 26.

*Remarks*

# RETURN OF A BIRTH.

15865

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC 23 1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21 December |
| *4. Place of Birth (Street and Number)* | 56 French St |
| *5. Full Name of Mother* | Hellen De Thalv |
| *6. Mother's Maiden Name* | Stevenson |
| *7. Mother's Birthplace* | Alabama |
| *8. Full Name of Father* | Charles E De Thalv |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Schimmer |
| *Address* | No 12 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15866

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Black |
| *3. Date of Birth* | December the 22nd 1876 |
| *4. Place of Birth (Street and Number)* | No 21 Sarah Ann Street |
| *5. Full Name of Mother* | Mary Mc Simpson |
| *6. Mother's Maiden Name* | " " " Gibson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joe Simpson |
| *9. Father's Occupation* | Oyster Cooker |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Ann Gibson |
| *Address* | S. Eutaw St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Records of Births in the City of Baltimore.

15867

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
27
1876
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* December 22, 1876
4. *Place of Birth (Street and Number)* 28 Chapel st
5. *Full Name of Mother* Josephine Folks
6. *Mother's Maiden Name* Josephine Cooper
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Folks
9. *Father's Occupation* coachman
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Mary Conner 153
*Address* Colington

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15868

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Dec 22d 1876

*4. Place of Birth (Street and Number)* No 4 R Irvin Place

*5. Full Name of Mother* Minnie G. Croney

*6. Mother's Maiden Name* " " Worm

*7. Mother's Birthplace* City

*8. Full Name of Father* Chs Croney

*9. Father's Occupation* Sail Maker

*10. Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Bustman

*Address* 120 Bank sts

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15869

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 22d - 1876

*4. Place of Birth (Street and Number)* N. Stricker. Str near Edmondson Ave

*5. Full Name of Mother* Ida Kule Leuchesi

*6. Mother's Maiden Name* Ida. Bell Masson.

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Frederick. A. Leuchesi

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] M.D.

*Address* 8 E. Fayette Str.

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15870

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 22 Dec. 1876.

*4. Place of Birth (Street and Number)* 62 Stile St.

*5. Full Name of Mother* Clara Jn.a Guire

*6. Mother's Maiden Name* " Gibbons

*7. Mother's Birthplace* U. States of America

*8. Full Name of Father* A. Jn.a Guire

*9. Father's Occupation* Fireman

*10. Father's Birthplace* U. States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address* 52 E. Lombard St.

*Remarks*

**Your Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13571

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 22 Dec. 1876 |
| *4. Place of Birth (Street and Number)* | 522 Lombard |
| *5. Full Name of Mother* | Mary Goetz |
| *6. Mother's Maiden Name* | Hoffman |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Peter Goetz |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Carpenter M.D. |
| *Address* | 522 E. Lombard |
| *Remarks* | |

15872

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 22 Dec 1876

*4. Place of Birth (Street and Number)* 57 Stile St

*5. Full Name of Mother* Karina Kemp

*6. Mother's Maiden Name* Cochey

*7. Mother's Birthplace* U. States of America

*8. Full Name of Father* George Kemp

*9. Father's Occupation* Restaurant Keeper

*10. Father's Birthplace* U. States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casparpark

*Address* 52 E. Lombard St.

*Remarks*

**Your Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15873

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Dec 22/76 |
| 4. Place of Birth (Street and Number) | Monument st No. 551 |
| 5. Full Name of Mother | Maggy Fritcher |
| 6. Mother's Maiden Name | " Susan |
| 7. Mother's Birthplace | Balto |
| 8. Full Name of Father | Fred Fritcher |
| 9. Father's Occupation | Shoemaker |
| 10. Father's Birthplace | Balto |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schutte |
| Address | Midwife |
| Remarks | 320 Allice Anna st |

**Peer Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15874

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
28
1876
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) white.

3. *Date of Birth* 22d December 1876.

4. *Place of Birth* (*Street and Number*) 89. Fort St.

5. *Full Name of Mother* Treasy Drum.

6. *Mother's Maiden Name* Treasy Smith

7. *Mother's Birthplace* Germany.

8. *Full Name of Father* John Drum

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Germany

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Katherine Horner.

*Address* No 23. Elizabeth. Lane.

*Remarks*

# RETURN OF A BIRTH.

15875

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC 28 1876
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1st.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 22nd 15 h. M. Dec 2 1876
4. *Place of Birth* (Street and Number) 8 Irving Place
5. *Full Name of Mother* Allice Watts Bates
6. *Mother's Maiden Name* Allice Watts Pritchett
7. *Mother's Birthplace* Iowa Cambridge Md
8. *Full Name of Father* James Whitney Bates
9. *Father's Occupation* Coal Shipper
10. *Father's Birthplace* Balto City

*Name of Medical Attendant*, or other Person who makes this Return. James E Donnelly

*Address* 299 E. Balto, St

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

No. 15876

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** December 25th 1876

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 22nd 1876
4. *Place of Birth (Street and Number)* No 214 Bank St
5. *Full Name of Mother* Eliza J. ~~Pike~~ Carnes
6. *Mother's Maiden Name* Eliza J. Pike
7. *Mother's Birthplace* America
8. *Full Name of Father* Edwin Carnes
9. *Father's Occupation* Engineer
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. Amend

*Address* No 137 S. Wolf St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15877

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22nd of December 1876
4. *Place of Birth (Street and Number)* 127 Dallas St
5. *Full Name of Mother* Margaret Smith
6. *Mother's Maiden Name* Margaret Wehler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Smith
9. *Father's Occupation* Oyster Schucker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Les Walker

*Address* No. 94 S. Dallas St

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15878

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Child,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 22 of December 1876,
4. *Place of Birth (Street and Number)* No 41 Pencivana avne,
5. *Full Name of Mother* Mary Mier
6. *Mother's Maiden Name* Mary Seltner,
7. *Mother's Birthplace* in Germenys
8. *Full Name of Father* Charls Mier,
9. *Father's Occupation* a Restrand
10. *Father's Birthplace* in Penavana

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Midwife Theresa Eigelsinger No 14 Union st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 Th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 23 December |
| *4. Place of Birth (Street and Number)* | Hanover Street 187 |
| *5. Full Name of Mother* | Elise Bishoff |
| *6. Mother's Maiden Name* | Elise Bielefeld |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Charles Bishoff |
| *9. Father's Occupation* | Salesman |
| *10. Father's Birthplace* | Bremen. Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. F. Rinhard |
| *Address* | 220 West Fayette Street |
| *Remarks* | |

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
27
1876
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 23d December |
| *4. Place of Birth (Street and Number)* | No 140 Pearl |
| *5. Full Name of Mother* | Barla Schafer |
| *6. Mother's Maiden Name* | Heelcker |
| *7. Mother's Birthplace* | Johan Uldenburg |
| *8. Full Name of Father* | Henery Schafer |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Johan Uldenburg |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anne Linicker |
| *Address* | No 45 Monroe St |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**rect Record of Vital Statistics in the City of Baltimore.**

# RETURN OF A BIRTH.

15581

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
27
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | zweite |
| *1. Sex (state whether Male or Female)* | Knabe |
| *2. Race or Color (if not of the white race)* | " |
| *3. Date of Birth* | 28. September 1876. |
| *4. Place of Birth (Street and Number)* | Germantown Ave & 32. |
| *5. Full Name of Mother* | Wilhelmine Duff |
| *6. Mother's Maiden Name* | Rümpel |
| *7. Mother's Birthplace* | Würtemberg |
| *8. Full Name of Father* | Johann Duff |
| *9. Father's Occupation* | Lederhändler |
| *10. Father's Birthplace* | Pennsylvania |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Louise Knapp. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15882

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 24 Dec

*4. Place of Birth (Street and Number)* 7 Dec 58

*5. Full Name of Mother* Fannie Fohr

*6. Mother's Maiden Name* Simson

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Fohr

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 23rd 1876 |
| *4. Place of Birth (Street and Number)* | 68 N. Ann St. |
| *5. Full Name of Mother* | Sidney P. Goldsborough |
| *6. Mother's Maiden Name* | S. K. Heathers |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Frank Y. Goldsbrough |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return* | John S. Lynch M.D. |
| *Address* | S. E. Corner Broadway & Pratt. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children**

15885

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Dec 23d 1876

*4. Place of Birth (Street and Number)* 806 Lancaster str

*5. Full Name of Mother* Adleheid Naah

*6. Mother's Maiden Name* " Dünker

*7. Mother's Birthplace* City

*8. Full Name of Father* Valentine Naah

*9. Father's Occupation* Milkmann

*10. Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs D. Rueslmann

*Address* 120 Bank st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13886

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 23th December |
| *4. Place of Birth (Street and Number)* | S.E. Corner of Fawn & Exeter St |
| *5. Full Name of Mother* | Catherine Ritter |
| *6. Mother's Maiden Name* | " Schanze |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | William Ritter |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barber Reiß Gebauer |
| *Address* | No 26. N. Friedrichstreit |
| *Remarks* | Full name of child: Henry Ritter |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15887

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 of December
4. *Place of Birth (Street and Number)* Washington Ave
5. *Full Name of Mother* Rebecca Jane Shipley
6. *Mother's Maiden Name* Ward
7. *Mother's Birthplace* Berkeley Co West Va
8. *Full Name of Father* Charles H Shipley
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Katherine Seabury

*Address* West Lynch St

*Remarks* 439.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15888

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Decbr 23th /76 |
| *4. Place of Birth (Street and Number)* | Canton ave 1483 |
| *5. Full Name of Mother* | Josephina Griffin |
| *6. Mother's Maiden Name* | C. Bolway |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Henry Griffin |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Annast, |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15889

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Decbr. 23th |
| *4. Place of Birth (Street and Number)* | Durham st No. 273 |
| *5. Full Name of Mother* | Elizabeth Appel |
| *6. Mother's Maiden Name* | " Fredrick |
| *7. Mother's Birthplace* | Bater M D |
| *8. Full Name of Father* | Fred. Appel |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Bater M D |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13890

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Children

1. Sex (state whether Male or Female) Capt a Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Born the 28 of December 1876
4. Place of Birth (Street and Number) 492 West Fayette St
5. Full Name of Mother Mary Allen Smith
6. Mother's Maiden Name Mary Allen Piska
7. Mother's Birthplace Baltimore
8. Full Name of Father William Piska
9. Father's Occupation Kooper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hresentia Kunkel

Address 11 North Chappel St Jr John Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15891

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
10
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 23rd 1876

*4. Place of Birth (Street and Number)* No 188 Fremont St

*5. Full Name of Mother* Mary Hamrick

*6. Mother's Maiden Name* Mary Hamilton

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Edward Hamrick

*9. Father's Occupation* Engineer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Dina Gallagher

*Address* Hospital & Fremont St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15892

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | third child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23 of December |
| *4. Place of Birth (Street and Number)* | 162 Preston street |
| *5. Full Name of Mother* | Annie Bowman |
| *6. Mother's Maiden Name* | Annie Aff |
| *7. Mother's Birthplace* | Orenbau Beiern |
| *8. Full Name of Father* | George Bowman |
| *9. Father's Occupation* | Labor work |
| *10. Father's Birthplace* | Alt Grant Herm Wirtenberg |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Dumler |
| *Address* | 66 Shorter St |
| *Remarks* | |

...ician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...h of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ys thereafter, stating distinctly the date of birth, sex, and color of the child or children ...or their physical condition, whether still born or not, the full name, nativity, and residence ...o parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15893

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** December 1876

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 23d 1876
4. *Place of Birth (Street and Number)* No 313 Eastern avenue
5. *Full Name of Mother* Minnie Harris
6. *Mother's Maiden Name* Minnie Seifert
7. *Mother's Birthplace* America
8. *Full Name of Father* Cornelius Harris
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. Arnold

*Address* No 21 S. Wolf St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

158911

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** December 25

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 25th 1876
4. *Place of Birth (Street and Number)* No 159 South Washington St
5. *Full Name of Mother* Barbara Dear
6. *Mother's Maiden Name* Barbara Matschmann
7. *Mother's Birthplace* Europe
8. *Full Name of Father* Michael Dear
9. *Father's Occupation* Basketmaker
10. *Father's Birthplace* Europe.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M Arnold

*Address* No 187 South Wolfe st

*Remarks*

13893

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 t

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Dec 23 1876

*4. Place of Birth (Street and Number)* C. Monument str No 475

*5. Full Name of Mother* Anna Hicker

*6. Mother's Maiden Name* Anna Brunn

*7. Mother's Birthplace* Moschhein Bruern

*8. Full Name of Father* Johann Hicker

*9. Father's Occupation* Leor Tanker

*10. Father's Birthplace* Balchen Baden

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Braupach

*Address* Ol Wolfst No 28

*Remarks* Hardwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13596

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Dec 23
4. *Place of Birth (Street and Number)* 125 East Eager st
5. *Full Name of Mother* Emma Raynor
6. *Mother's Maiden Name* Emma Madden
7. *Mother's Birthplace* Baltimore do
8. *Full Name of Father* Henry Raynor
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Leon Johnson

*Address* no 32 Short st

*Remarks* healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15597

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First - 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Black. |
| *3. Date of Birth* | Dec 20 - 1876 |
| *4. Place of Birth (Street and Number)* | 13 Mason Alley. |
| *5. Full Name of Mother* | Maria R. Wright |
| *6. Mother's Maiden Name* | Forbes. |
| *7. Mother's Birthplace* | St. Mary's Co. |
| *8. Full Name of Father* | Robt. H. Wright. |
| *9. Father's Occupation* | Waiter. |
| *10. Father's Birthplace* | Eastern Shore. |
| *Name of Medical Attendant,* or other Person who makes this Return. | W. E. Hawley M.D. |
| *Address* | 67 W Biddle St. |
| *Remarks* | |

The any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13595

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC. 26 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 23. 1876.
4. *Place of Birth (Street and Number)* E. Lombard St. No 219.
5. *Full Name of Mother* Mary Eberen
6. *Mother's Maiden Name* Mary Limpert
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Eberen
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Henry E. Miller

*Address* N. Dallas St. No 426.

*Remarks*

# RETURN OF A BIRTH.

15899

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 23 Dec 1876 |
| *4. Place of Birth (Street and Number)* | 20 Caroline St. |
| *5. Full Name of Mother* | Mary Miller |
| *6. Mother's Maiden Name* | Lieffer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Peter Miller |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gerhard Miller |
| *Address* | 151 E. Fath. St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15900

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | W. E. |
| *3. Date of Birth* | December 8 |
| *4. Place of Birth (Street and Number)* | 167 Jefferson Street Baltimore |
| *5. Full Name of Mother* | Elizabeth Mahoney |
| *6. Mother's Maiden Name* | Elizabeth Penfield |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | James Mahoney |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Mary Sack |
| *Address* | |
| *Remarks* | |

15901

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* Jewish race

*3. Date of Birth* December 24th 1876

*4. Place of Birth (Street and Number)* Low St 128

*5. Full Name of Mother* Sabra Oppenheimer

*6. Mother's Maiden Name* " Lowenthal

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* Carmen Oppenheimer

*9. Father's Occupation* Second hand Peak

*10. Father's Birthplace* Evans

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Rose Utley

*Address* 48 Holland St City

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15902

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
10
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 4th 1876
4. *Place of Birth (Street and Number)* No 49 Georg
5. *Full Name of Mother* Mary Robins
6. *Mother's Maiden Name* Mary Ottaman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Robins
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Lewis Hellegass

*Address* 182 Monument st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15902

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
30
1876
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) This make Too it

1. *Sex* (state whether Male or Female) it is a male
2. *Race or Color* (if not of the white race) The Borth is a fin race
3. *Date of Birth* 1876 Dec 24 it Wash born
4. *Place of Birth* (Street and Number) 49 East Street
5. *Full Name of Mother* Henet Black
6. *Mother's Maiden Name* henet Gamby
7. *Mother's Birthplace* baltimore MD
8. *Full Name of Father* James Black
9. *Father's Occupation* ful Tim Warer
10. *Father's Birthplace* Baltimore MD

*Name of Medical Attendant*, or other Person who makes this Return. Mrs adline Gross

*Address* Number 55 forrest Street

*Remarks* it Wash born sick

---

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15904

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
30
1876
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 27th |
| *4. Place of Birth (Street and Number)* | 366 Eastern Ave |
| *5. Full Name of Mother* | Matilda Jacob |
| *6. Mother's Maiden Name* | Hoffman |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Jacob |
| *9. Father's Occupation* | Druggist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Good |
| *Address* | 328 Eastern Ave |
| *Remarks* | |

# RETURN OF A BIRTH.

15905

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* Male Sex

*2. Race or Color (if not of the white race)* White Race

*3. Date of Birth* 24 M. Dec. December

*4. Place of Birth (Street and Number)* William St 275 Rear

*5. Full Name of Mother* Josephine Anita Matthews

*6. Mother's Maiden Name* " " Smith

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Asa Cowpen Smith Matthews

*9. Father's Occupation* Waterman

*10. Father's Birthplace* Somerset Co.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Celestine Conway

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

15906

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 24th 1876

*4. Place of Birth (Street and Number)* No 106 N Arlington Ave

*5. Full Name of Mother* Virginia Beachem

*6. Mother's Maiden Name* Virginia Turner

*7. Mother's Birthplace* Calvert County Md

*8. Full Name of Father* James Beachem

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. H S Bowie M.D.

*Address* No 1 Edmondson Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15907

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* December 24th 1876
4. *Place of Birth (Street and Number)* No 86 Collington Av. Balto
5. *Full Name of Mother* Mary Elizabeth Hamilton
6. *Mother's Maiden Name* " " Stansbury
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thomas H. Hamilton
9. *Father's Occupation* Caumuller
10. *Father's Birthplace* Pa

*Name of Medical Attendant,* or other Person who makes this Return. J. Ridgway Andre Md

*Address* No 121 East Balto, Md

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15908

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
3
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 24 of December

4. *Place of Birth (Street and Number)* Baltimore Cambridge st 77

5. *Full Name of Mother* Mary Jr Wagner

6. *Mother's Maiden Name* Mary J Miller

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John H Wagner

9. *Father's Occupation* Foreman at

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Louisa Wiley and Doc Meshane

*Address* No 12 Paterson Park avnue

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15909

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 24th 1876 |
| *4. Place of Birth (Street and Number)* | Baltimore Parkin st No 120 |
| *5. Full Name of Mother* | Eliza Smith |
| *6. Mother's Maiden Name* | Morgan |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Albert Smith |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. E. Mitchell |
| *Address* | No 122 Parkin St. |
| *Remarks* | |

# RETURN OF A BIRTH.

15910

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Dec 24th 1876

*4. Place of Birth (Street and Number)* No 130 E. Baltimore st

*5. Full Name of Mother* Mary ~~Reisinger~~

*6. Mother's Maiden Name* Traudle

*7. Mother's Birthplace* City

*8. Full Name of Father* John P. Reisinger

*9. Father's Occupation* Upholster & Paper Hanger

*10. Father's Birthplace* France

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Bushmann

*Address* 1211 Bank st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15911

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is the 2

1. Sex (state whether Male or Female) it is a male
2. Race or Color (if not of the white race) affin race
3. Date of Birth Wash born om the th 24 De 1876
4. Place of Birth (Street and Number) Number 49 East streets) deaths om th 30 of De
5. Full Name of Mother Henet beack
6. Mother's Maiden Name Henat Ganly
7. Mother's Birthplace Baltimore M D
8. Full Name of Father ~~Henet~~ James Black
9. Father's Occupation for the Warer
10. Father's Birthplace Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Misadline Gross

Address Number five 55 fourest streets

Remarks it Wash Born sick

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15912

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 1 1896 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* November 28th
4. *Place of Birth (Street and Number)* Conway St 109
5. *Full Name of Mother* Priscilla Queen
6. *Mother's Maiden Name* Payne
7. *Mother's Birthplace* Talbot County
8. *Full Name of Father* Joseph E. Queen
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Susan E. Armstrong

*Address* 109 Conway St

*Remarks* Sick from the Birth Sanders

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15913

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
30
1876
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 December
4. *Place of Birth (Street and Number)* 60 Bond Street
5. *Full Name of Mother* Barbara Swamstead
6. *Mother's Maiden Name* Gregory
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Swamstead
9. *Father's Occupation* Meat Right
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Clinton

*Address* 1070 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

159111

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Decbr. 24/76. |
| 4. Place of Birth (Street and Number) | Lancaster st No. 134. |
| 5. Full Name of Mother | Caroline Muller |
| 6. Mother's Maiden Name | " Pfaff |
| 7. Mother's Birthplace | Bator |
| 8. Full Name of Father | Henry Muller |
| 9. Father's Occupation | Oyster measurer |
| 10. Father's Birthplace | Bator |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schutte |
| Address | Midwife |
| Remarks | 320 Allice Anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15915

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 24/76 |
| *4. Place of Birth (Street and Number)* | Bank st No 137 |
| *5. Full Name of Mother* | Anna Von Faden |
| *6. Mother's Maiden Name* | Anna Richter |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Lewis Von Faden |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Johanna Schmitt |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st |

15916

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 24 of December 1876,
4. Place of Birth (Street and Number) No 20 Bolton alle,
5. Full Name of Mother Mary Steavens,
6. Mother's Maiden Name Mary Fran,
7. Mother's Birthplace in Ireland
8. Full Name of Father John Steavens.
9. Father's Occupation a Labor work
10. Father's Birthplace in Ireland

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelchinger

Address No 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15917

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth and sixth

1. Sex (state whether Male or Female) Two females

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 24, 1876

4. Place of Birth (Street and Number) 285 Lanvale St.

5. Full Name of Mother Maria Welsh

6. Mother's Maiden Name Maria Cherry

7. Mother's Birthplace State of New York

8. Full Name of Father Thomas Welsh

9. Father's Occupation Town of Canfield & Co.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. R. McIlhenny M.D.

Address 71 Franklin St.

Remarks Twin Children in fine health & mother doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13918

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24 December |
| *4. Place of Birth (Street and Number)* | 337 Hanford Ave |
| *5. Full Name of Mother* | Flora E Moore |
| *6. Mother's Maiden Name* | Eberle |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Harry A Moore |
| *9. Father's Occupation* | Harness Maker |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Chrimmer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

15919

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Dec 24th 1876

*4. Place of Birth (Street and Number)* Richmond St

*5. Full Name of Mother* McCloskey

*6. Mother's Maiden Name* Annie Highland

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Frank McCloskey

*9 Father's Occupation* Salem Keeper

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. James A Stewart M.D.

*Address* 93 Park ave

*Remarks* Two hours duration. Natural in all respects.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15920

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 24 Dec 1876 |
| *4. Place of Birth (Street and Number)* | 33 Holland St. |
| *5. Full Name of Mother* | Katherina Mengold |
| *6. Mother's Maiden Name* | " Gehrman |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | William Mengold |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casperfer |
| *Address* | 52 E. Lombard St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15921

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 29 December 1876 |
| *4. Place of Birth (Street and Number)* | ~~Inn~~ 65 Holland St. |
| *5. Full Name of Mother* | Mary Minkan |
| *6. Mother's Maiden Name* | Brandan |
| *7. Mother's Birthplace* | U. States of America |
| *8. Full Name of Father* | Henry Minken |
| *9. Father's Occupation* | Restaurant Keeper |
| *10. Father's Birthplace* | U. States of America |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper per J. |
| *Address* | 52 E. Lombard St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

13922

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 24th December |
| *4. Place of Birth (Street and Number)* | Talbot |
| *5. Full Name of Mother* | Mrs Eliza Jane Watkins |
| *6. Mother's Maiden Name* | " " Rodgers |
| *7. Mother's Birthplace* | Patapsco Neck |
| *8. Full Name of Father* | Mr Durvin Watkins |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | Anne Arundle County Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Alice Chaplin Md |
| *Address* | No 5 Dallis st |
| *Remarks* | |

15923

# RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Dec. 25th 1876

*4. Place of Birth (Street and Number)* No 334 W Fayette St.

*5. Full Name of Mother* Lina Thomas

*6. Mother's Maiden Name* Lina Stolpp,

*7. Mother's Birthplace* Baltimore Maryland,

*8. Full Name of Father* Nelson C. Thomas

*9. Father's Occupation* Fruit + Confectionery dealer

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. John Morris M. D.

*Address* No. 5. Franklin St. Balto. Md.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

159224

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th " |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Mulatto |
| *3. Date of Birth* | December 25th " 1876 |
| *4. Place of Birth (Street and Number)* | 305 E Lombard St |
| *5. Full Name of Mother* | Malicia Ann Alexander |
| *6. Mother's Maiden Name* | Malicia Ann Lowry |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Thomas Alexander |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Philadelphia Pa. |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. L. Wilkins M.D. |
| *Address* | 177 So. Broadway |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15925.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 27, 1876 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 25th 18. 76.
4. *Place of Birth (Street and Number)* Tyson Alley No. 17
5. *Full Name of Mother* Emelia Barber
6. *Mother's Maiden Name* Emelia Prater
7. *Mother's Birthplace* Patapsco Md
8. *Full Name of Father* John Andrew Barber
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* unknown

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Harz. & Chew. N. W. cor. S. Bolton Med

*Remarks*

15926

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First (1st) |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Dec. 25th 1876 |
| *4. Place of Birth (Street and Number)* | 24½ Pierce St. |
| *5. Full Name of Mother* | Charlotte Thomas |
| *6. Mother's Maiden Name* | " Butler |
| *7. Mother's Birthplace* | Ellicotts Mills |
| *8. Full Name of Father* | John H. Thomas |
| *9. Father's Occupation* | Mooving Furniture |
| *10. Father's Birthplace* | West River Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Zepp Md. |
| *Address* | Green & Mulberry Sts |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15927

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2d. |
| 1. Sex (state whether Male or Female) | Baltimore |
| 2. Race or Color (if not of the white race) | white |
| 3. Date of Birth | ~~X~~ December 25 |
| 4. Place of Birth (Street and Number) | No 222. Scott St. |
| 5. Full Name of Mother | Sophie Temme. |
| 6. Mother's Maiden Name | Sophie Boette |
| 7. Mother's Birthplace | Dessel Germany. |
| 8. Full Name of Father | William Temme |
| 9. Father's Occupation | Painter |
| 10. Father's Birthplace | Trendelburg |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | Mr. M. Streeny |
| Remarks | No 32 Leadenhall Street. |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15928

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 25th 1876 |
| *4. Place of Birth (Street and Number)* | No 93 Lexington Ter |
| *5. Full Name of Mother* | Wilhelmina Wartmann |
| *6. Mother's Maiden Name* | " Haas |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Johann Wartmann |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bustmann |
| *Address* | 211 Bambston |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15929

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN. 6 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White December the 25th 1876

*3. Date of Birth*

*4. Place of Birth (Street and Number)* No. 237 E. Madison Street

*5. Full Name of Mother* Caroline Lyon

*6. Mother's Maiden Name* Caroline Thomas

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Watson Lyon

*9. Father's Occupation* Machinist

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Bett

*Address* No. 181 N. Central Avenue 3 Floors South Monument St.

*Remarks* All well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

189 30

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Black |
| *3. Date of Birth* | December 25th |
| *4. Place of Birth (Street and Number)* | 17 Green St |
| *5. Full Name of Mother* | Amelia Barber |
| *6. Mother's Maiden Name* | Slater |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | John A Barber |
| *9 Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charles Schmucker M.D. |
| *Address* | 89 Eutaw St Baltimore |
| *Remarks* | |

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
30
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 25th December 1876 |
| *4. Place of Birth (Street and Number)* | No 60. S. Carrollton Avenue |
| *5. Full Name of Mother* | Mary Ellen Hartman |
| *6. Mother's Maiden Name* | Mary Ellen Thomas |
| *7. Mother's Birthplace* | In Baltimore |
| *8. Full Name of Father* | Philip Hartman |
| *9. Father's Occupation* | Iron Moulder |
| *10. Father's Birthplace* | In Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Seabach |
| *Address* | Pratt St East of Fremont |
| *Remarks* | 437 |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

159322

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC 30 1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 25 th December 1876 |
| *4. Place of Birth (Street and Number)* | Baltimore County 245 Frederick Road |
| *5. Full Name of Mother* | Ellen Crocken |
| *6. Mother's Maiden Name* | Ellen Mc Hugh |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Nelson J. Crocken |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore city |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Seback |
| *Address* | Baltimore County Md |
| *Remarks* | 439 |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15933

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Dec. 25, 1876

*4. Place of Birth (Street and Number)* Durham St. No. 34

*5. Full Name of Mother* Katharina Gasser

*6. Mother's Maiden Name* Braunschweiger

*7. Mother's Birthplace* Pfingen Baden

*8. Full Name of Father* Heinrich Gassen

*9. Father's Occupation* Tala

*10. Father's Birthplace* Edelfink Wittenberg

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Bracipack

*Address* S. Wolf St. No. 28

*Remarks* Hardwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

169311

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

*No. of Child of Mother* (*state whether ~~1st, 2d, 3d, &c.~~*)

*1. Sex* (*state whether Male ~~or Female~~*)

*2. Race or Color* (*if not of the white race*)

*3. Date of Birth* Dec 25th 1876

*4. Place of Birth* (*Street and Number*) 55 N Eden st

*5. Full Name of Mother* Louisa Bond

*6. Mother's Maiden Name* " Bond

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Edward Bond

*9. Father's Occupation* Painter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Wm. L. Russell

*Address* Broadway Fountain st

*Remarks*

15935

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth the 25 December 1876.
4. Place of Birth (Street and Number) No 1.83 Peaces st.
5. Full Name of Mother Nora ~~Mott~~ Whalters
6. Mother's Maiden Name Nora Mullen
7. Mother's Birthplace in Ireland
8. Full Name of Father Charls Whalters.
9. Father's Occupation a Beker
10. Father's Birthplace in Germeny

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15936

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** Dec. 27th 1876

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth Dec 25th 1876.
4. Place of Birth (Street and Number) 321 Bond St.
5. Full Name of Mother Annie Mattausch
6. Mother's Maiden Name Annie Fritsel.
7. Mother's Birthplace Germany
8. Full Name of Father Anton Mattausch
9. Father's Occupation Laborer.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 Wolfe St.

Remarks 11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

12937

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
2
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 26 1876
4. *Place of Birth (Street and Number)* Balt No 174 Raborg St
5. *Full Name of Mother* Lucy Berry
6. *Mother's Maiden Name* Giesy
7. *Mother's Birthplace* Balt md
8. *Full Name of Father* Frank Berry
9. *Father's Occupation* Coachman Porter
10. *Father's Birthplace* Balt md

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dorsey

*Address* No 53 Oxford St

*Remarks*

# RETURN OF A BIRTH.

15935

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN 20 1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* December 26 1876

4. *Place of Birth (Street and Number)* Baltimore No 150 Josephine St.

5. *Full Name of Mother* Eliza Simms

6. *Mother's Maiden Name* Livings

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Richard Simms

9. *Father's Occupation* Laborer

10. *Father's Birthplace* West River

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dailey

*Address* 1653 Oxford St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13939

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | January 6/76 |
| *4. Place of Birth (Street and Number)* | 246 N. Front St. |
| *5. Full Name of Mother* | Rose Connolly |
| *6. Mother's Maiden Name* | " Dugan |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Owen Connolly |
| *9. Father's Occupation* | Watchman |
| *10. Father's Birthplace* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Edward F. McDevitt |
| *Address* | 37 N. Eutaw St. |
| *Remarks* | |

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15940

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Dec 26

*4. Place of Birth (Street and Number)* 37 Ridgely St

*5. Full Name of Mother* Adelheid Shaefer

*6. Mother's Maiden Name* Reitz

*7. Mother's Birthplace* Kurhessen

*8. Full Name of Father* John Reiz

*9. Father's Occupation* Hessendarmstadt

*10. Father's Birthplace* Baker

*Name of Medical Attendant,* or other Person who makes this Return. Mary Shrok

*Address* 328 S Eutaw St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

169141

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC 30 1876
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec. 26th 1876 |
| *4. Place of Birth (Street and Number)* | Baltimore Parkin st. No 44 |
| *5. Full Name of Mother* | Mary High |
| *6. Mother's Maiden Name* | Miles |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William High |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. E. Mitchell |
| *Address* | No 122 Parkin st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15942

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 26th 1876
4. *Place of Birth (Street and Number)* 5 Rose street
5. *Full Name of Mother* Harriett ann Williams
6. *Mother's Maiden Name* Harriett ann Bantom
7. *Mother's Birthplace* St. Michal Maryland
8. *Full Name of Father* Henry Williams
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bodley Doctress

*Address* 85 Orchard street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

15911 B

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 9th. |
| *1. Sex* (*state whether ~~Male~~ or Female*) | Female |
| *2. Race or Color* (*if not of the white race*) | Blk |
| *3. Date of Birth* | Dec 26th 1876 |
| *4. Place of Birth* (*Street and Number*) | No 11 Arch St |
| *5. Full Name of Mother* | Henrietta Johnson |
| *6. Mother's Maiden Name* | Williams |
| *7. Mother's Birthplace* | " Winchester Va |
| *8. Full Name of Father* | Jasper Johnson |
| *9 Father's Occupation* | Day laborer |
| *10. Father's Birthplace* | Winchester Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. Wm Wallis M D |
| *Address* | No 18 S. Eutaw |
| *Remarks* | |

15944

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 26 of December 1876
4. Place of Birth (Street and Number) 42 Chemnit Street
5. Full Name of Mother Cate Thomas
6. Mother's Maiden Name
7. Mother's Birthplace Sent May County
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Pratt William

Address No 70 Chemnit Street

Remarks Mother And Child dying

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13915

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
31
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | one |
| 1. *Sex* (state whether *Male* or *Female*) | Female |
| 2. *Race or Color* (if not of the white race | Colored |
| 3. *Date of Birth* | December 26 |
| 4. *Place of Birth* (Street and Number) | N. 6 Lyon St |
| 5. *Full Name of Mother* | Minnie Billups |
| 6. *Mother's Maiden Name* | Minnie Lawson |
| 7. *Mother's Birthplace* | Baltimore County |
| 8. *Full Name of Father* | Thomas A Billups |
| 9. *Father's Occupation* | rag Dealer |
| 10. *Father's Birthplace* | Mathews County Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | |

Mrs Fox D

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15946

4/1

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 31 1876 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 8 Children |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 26 of December Hall Alley No. 19 |
| 4. Place of Birth (Street and Number) | Kathrin Stuhla |
| 5. Full Name of Mother | Kathrin Sharpf |
| 6. Mother's Maiden Name | |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | John Stuhla |
| 9. Father's Occupation | Schumaker |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Martin |
| Address | West St No 128 |
| Remarks | |

# RETURN OF A BIRTH.

15947

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Germans |
| *3. Date of Birth* | Dec 26, 76. |
| *4. Place of Birth (Street and Number)* | S. S. Saratoga 2d st. N. of Fremont |
| *5. Full Name of Mother* | Christina Stahl |
| *6. Mother's Maiden Name* | Meiks |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Wilhelm Stahl |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Hanover Pa. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis M. Edelman |
| *Address* | 849 Lexington |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

159118

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JAN
8
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec. 26th 1876 |
| *4. Place of Birth (Street and Number)* | No 738 West Pratt St |
| *5. Full Name of Mother* | Mrs Martha Ward |
| *6. Mother's Maiden Name* | Miss Martha Nicolson |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Mr Thomas Ward |
| *9. Father's Occupation* | Cigar Store |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Eliza Fullerkamp. |
| *Address* | No 57 B West Lombard St |
| *Remarks* | Acting Well |

That any physician, accoucheur, mid-wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

"A" 139119

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 28 1976 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | First |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Dec. 26th 1876 |
| *4. Place of Birth* (Street and Number) | 239 Argyle ave |
| *5. Full Name of Mother* | Fannie Beal |
| *6. Mother's Maiden Name* | " Patterson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Arthur E. Beale |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | Norfolk Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | C. H. Chamberlain |
| *Address* | 174 Argyle ave |
| *Remarks* Premature - | 6 Mos from date of Conception |
| | Child only lived a short time. |

# RETURN OF A BIRTH.

15950

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* December 29
4. *Place of Birth* (Street and Number) Lemmars alley No 8
5. *Full Name of Mother* Mary Nelson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Dedrick Conty
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Clark Smothers No 4 Lemmars alley

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

15951

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 26th 1876 |
| *4. Place of Birth (Street and Number)* | No Giddins court |
| *5. Full Name of Mother* | Margareth Schoenhardt |
| *6. Mother's Maiden Name* | unger |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Schoenhardt |
| *9. Father's Occupation* | Lavorer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | C. Lonnoussel midwife |
| *Address* | 213 Cross St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15952

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Dec 27th 1876

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 26th 1876.
4. *Place of Birth (Street and Number)* 33 Choptank St.
5. *Full Name of Mother* Amanda Smith
6. *Mother's Maiden Name* Amanda Wiand.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Henry Smith
9. *Father's Occupation* Machienerie.
10. *Father's Birthplace* America.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M Amend.

*Address* No. 137 Wolfe St.

*Remarks* "

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15953

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC 28 1876
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 27th 1876
4. *Place of Birth (Street and Number)* N E Cor Chew & McDonough Sts
5. *Full Name of Mother* Ida Ann Kenley
6. *Mother's Maiden Name* " " Tyler
7. *Mother's Birthplace* Balt City Md
8. *Full Name of Father* Harry Gilman Kenley
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Harford County Md

*Name of Medical Attendant,* or other Person who makes this Return. A. S. Ransome M.D.

*Address* 60 N Broadway

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15954

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* first child

1. *Sex (state whether ~~Male~~ or Female)* female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Dec 27 1876
4. *Place of Birth (Street and Number)* 7 Whatcoat
5. *Full Name of Mother* Mary holly
6. *Mother's Maiden Name* Mary Key
7. *Mother's Birthplace* St mary county
8. *Full Name of Father* William holly
9. *Father's Occupation* Shop Keper
10. *Father's Birthplace* St mary county

*Name of Medical Attendant,* or other Person who makes this Return. Chollot Warey

*Address* No 257 Raburg st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13965

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** Dec 28th 1876

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 7th.

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*) White.
3. *Date of Birth* Dec 27th 1876.
4. *Place of Birth* (*Street and Number*) 189 Durham St.
5. *Full Name of Mother* Anna Lohnes.
6. *Mother's Maiden Name* Anna Eisenroth.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wendel Lohnes
9. *Father's Occupation* Sinner
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. Amend.

*Address* N E Wolfe St

*Remarks* —

# RETURN OF A BIRTH.

15956

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Two. |
| 1. *Sex* (state whether Male or Female) | Female. |
| 2. *Race or Color* (if not of the white race) | White. |
| 3. *Date of Birth* | December 27 76. |
| 4. *Place of Birth* (Street and Number) | No 136 South Eden Street. |
| 5. *Full Name of Mother* | Bridget Eustace. |
| 6. *Mother's Maiden Name* | Bridget Hogan. |
| 7. *Mother's Birthplace* | United States. |
| 8. *Full Name of Father* | Levi Eustace. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace* | United States. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Eliza Flemming |
| *Address* | No 97 Albemarle Street |
| *Remarks* | Healthy Born. |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15957

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 27th of Dec. 1876 |
| 4. Place of Birth (Street and Number) | 56 S. Ann St |
| 5. Full Name of Mother | ~~Mary~~ Emm Francis Bayne |
| 6. Mother's Maiden Name | " " Bowling |
| 7. Mother's Birthplace | Balto. City |
| 8. Full Name of Father | John Alexander Bayne |
| 9 Father's Occupation | Pilot |
| 10. Father's Birthplace | Balto. City |
| Name of Medical Attendant, or other Person who makes this Return. | E. S. Irons |
| Address | 406 E. Balto. St. |
| Remarks | About a 7mo. Child |

# RETURN OF A BIRTH.

15955

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
3
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 27th 1876 |
| *4. Place of Birth (Street and Number)* | No 294 Aliceanna st |
| *5. Full Name of Mother* | Minna Weber |
| *6. Mother's Maiden Name* | " Wassermann |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Karl Weber |
| *9. Father's Occupation* | Can maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Buschmann |
| *Address* | 120 Bank st |
| *Remarks* | |

That any physician, accouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13959

HEALTH DEPARTMENT
JAN
6
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the 2nd Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December the 27th 16

*4. Place of Birth (Street and Number)* No 11 Madison Alley

*5. Full Name of Mother* Araminta Ruth Grant Morrow

*6. Mother's Maiden Name* Araminta Ruth Grant

*7. Mother's Birthplace* Virginia

*8. Full Name of Father* Henry Morrow

*9. Father's Occupation* Bricklayer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mary E Timms

*Address* No 178 Chappel Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16960

HEALTH DEPARTMENT
JAN
2
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 27 December " |
| *4. Place of Birth (Street and Number)* | 11 Willow St |
| *5. Full Name of Mother* | Susan Moore |
| *6. Mother's Maiden Name* | O'Brian |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Robert Moore " |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Pamela J Chrismer |
| *Address* | No 19 Forest Place |
| *Remarks* | |

# RETURN OF A BIRTH.

13961

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) one

1. *Sex* (state whether Male or Female) female Child
2. *Race or Color* (if not of the white race) of the Colored race
3. *Date of Birth* December the 29.18.76
4. *Place of Birth* (Street and Number) 116 Eddy St 129 Baltimore
5. *Full Name of Mother* Selea Tier
6. *Mother's Maiden Name* Selea Pinkett
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Tolford

*Address* Rogester St 130

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15962

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
30
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2d. |
| *1. Sex* (state whether Male or Female) | Female. |
| *2. Race or Color* (if not of the white race) | W. |
| *3. Date of Birth* | Dec 27. 1876. |
| *4. Place of Birth* (Street and Number) | 11 Jackson's ct. |
| *5. Full Name of Mother* | Annie Welsh. |
| *6. Mother's Maiden Name* | Riley. |
| *7. Mother's Birthplace* | Ireland. |
| *8. Full Name of Father* | Timothy Welsh. |
| *9 Father's Occupation* | Blacksmith. |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant*, or other Person who makes this Return. | Dr W F Morgan |
| *Address* | 175 Lombard St, |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13963

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | December 27th 1876 |
| *4. Place of Birth (Street and Number)* | Harford 404 |
| *5. Full Name of Mother* | Marie Krimmel |
| *6. Mother's Maiden Name* | [illegible] |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Johan Krimmel |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. K. Rudiger |
| *Address* | 134 or Bond Strt. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

159611

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* December 27th 1876.

*4. Place of Birth (Street and Number)* Johnson Street No 145

*5. Full Name of Mother* Kate Heckner

*6. Mother's Maiden Name* Kate Schier

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* Ernest Heckner

*9. Father's Occupation* Labor

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. G Dorothea Brune

*Address* 114 Battery Av

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15965

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 5th Child |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 27th 1876. |
| *4. Place of Birth (Street and Number)* | 128 S. Sharp St. |
| *5. Full Name of Mother* | Elmira Walker. |
| *6. Mother's Maiden Name* | " Follin. |
| *7. Mother's Birthplace* | Balto. City. |
| *8. Full Name of Father* | Wm N. Walker |
| *9. Father's Occupation* | Registrar of Gas. Balto, Gas. Co. |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. N. Tull. M.D. |
| *Address* | 158 Sharp St. |
| *Remarks* | |

# RETURN OF A BIRTH.

15966

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* December 21 d 1876
4. *Place of Birth* (Street and Number) 95 Franklin st Balto Md
5. *Full Name of Mother* Kate Burns
6. *Mother's Maiden Name* Mcelroy
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Richard Burns
9. *Father's Occupation* Carpet Layer
10. *Father's Birthplace* Irland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Annie Mesenzehl

*Address* 220 Preston st Balto Md

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15967

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

Dec 28th 1876

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 8th

1. *Sex* (*state whether Male or Female*) Female.
2. *Race or Color* (*if not of the white race*) White.
3. *Date of Birth* Dec 28th 1876.
4. *Place of Birth* (*Street and Number*) 215 Eastern Ave.
5. *Full Name of Mother* Emile Bangert
6. *Mother's Maiden Name* Emile Meiser.
7. *Mother's Birthplace* ~~Bato~~ America.
8. *Full Name of Father* George Bangert.
9. *Father's Occupation* China Store.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. Arnold

*Address* No 137 Wolfe St.

*Remarks* —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15968

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [redacted] 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth December the 28 1876
4. Place of Birth (Street and Number) No 205 Bank St
5. Full Name of Mother Mary Ann Whiteford
6. Mother's Maiden Name Mary A McCosker
7. Mother's Birthplace Baltimore City
8. Full Name of Father George W Whiteford
9. Father's Occupation Laborer
10. Father's Birthplace Harford County Md

Name of Medical Attendant, or other Person who makes this Return. Hannah E Knowels

Address 212 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13969

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
29
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 174 Harford Ave |
| *4. Place of Birth (Street and Number)* | Dec 29th 1876 |
| *5. Full Name of Mother* | Louisa Meter |
| *6. Mother's Maiden Name* | Louisa Weingart |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Edward Meter |
| *9. Father's Occupation* | Deputy Sheriff |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louisa A Meter |
| *Address* | 178 Harford Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15970

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 Child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 28 December |
| *4. Place of Birth (Street and Number)* | Alice Ann St 336 |
| *5. Full Name of Mother* | Mary Ellen Robert |
| *6. Mother's Maiden Name* | Mary Ellen Henrion |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | Alexander B Roberts |
| *9. Father's Occupation* | Ship Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park avenue |
| *Remarks* | |

# RETURN OF A BIRTH.

15971

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | Second |
| *1. Sex* (*state whether Male or Female*) | Male |
| *2. Race or Color* (*if not of the white race*) | White |
| *3. Date of Birth* | Dec. 28th |
| *4. Place of Birth* (*Street and Number*) | No 76 Battery Pl. |
| *5. Full Name of Mother* | Corintha West Burst |
| *6. Mother's Maiden Name* | Tenderhill |
| *7. Mother's Birthplace* | Eastern Shore Va |
| *8. Full Name of Father* | George Benthurst |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Conway. |
| *Address* | |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15272

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth December 28
4. Place of Birth (Street and Number) Prattstr. No 204
5. Full Name of Mother Elesabeth Heldau
6. Mother's Maiden Name — — Horr
7. Mother's Birthplace Germany
8. Full Name of Father August Heldau
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Cecilie Bernstein

Address E. Lombardstr. 113.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15978

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 28th 1876
4. *Place of Birth (Street and Number)* 24 Preston street
5. *Full Name of Mother* Laura Virginia Boston
6. *Mother's Maiden Name* Laura Virginia Thompson
7. *Mother's Birthplace* Carroll County Maryland
8. *Full Name of Father* James Philip Boston
9. *Father's Occupation* Expressman
10. *Father's Birthplace* Howard County Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bowley Doctress

*Address* 85 Orchard street

*Remarks*

# RETURN OF A BIRTH.

15974

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2te Gerl

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* Weit

*3. Date of Birth* 28 December 1876

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother* Margarethe Dorothea Thiess

*6. Mother's Maiden Name* Margaret Nürke

*7. Mother's Birthplace* Bremen

*8. Full Name of Father* Johann Andreas Thiess

*9. Father's Occupation* Cigar Manufaktur

*10. Father's Birthplace* Bremen

*Name of Medical Attendant,* or other Person who makes this Return. Herrn Vogt Hebamme

*Address* No 26. N Friedrichstrasse

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13975

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | First |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | |
| 3. *Date of Birth* | 28th December 1876 |
| 4. *Place of Birth* (Street and Number) | #323 Linden Ave |
| 5. *Full Name of Mother* | Fannie Rutherford Tolliver |
| 6. *Mother's Maiden Name* | Fannie Rutherford Holliday |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Joseph Everett Tolliver Jr. |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | L. Schmidt M.D. |
| *Address* | 92 N. Eutaw St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15976

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 28th 1876

*4. Place of Birth (Street and Number)* No. 209 Central av. Baltimore

*5. Full Name of Mother* Katie Kiel

*6. Mother's Maiden Name* Katie Bellingle

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* August Kiel

*9. Father's Occupation* Watchmaker

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Bull

*Address* No. 181 N. Central Avenue 3 doors South Monument St.

*Remarks* All Well

13977

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixteen |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December the 27. A. 1876 |
| *4. Place of Birth (Street and Number)* | No 537. N. Gay Street |
| *5. Full Name of Mother* | L. Baker. |
| *6. Mother's Maiden Name* | L. Penkell. |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | H. Baker. |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. A. Bull. |
| *Address* | No 181 N. Central ave. 3 doors South Monument St. |
| *Remarks* | All Well. |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

1/4 5978
W 1

HEALTH DEPARTMENT
JAN 3 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 28 |
| *4. Place of Birth (Street and Number)* | 342 Lexington St |
| *5. Full Name of Mother* | Jennie A Wade |
| *6. Mother's Maiden Name* | " " Patterson |
| *7. Mother's Birthplace* | Rockbridge Co. Va. |
| *8. Full Name of Father* | Wm Wade |
| *9 Father's Occupation* | Salesman & Book Keeper |
| *10. Father's Birthplace* | Montgomery Co. Va. |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Wm Walls M.D. |
| *Address* | No 18. S. Eutaw St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

139979

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC
31
1876
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 28th 1876 |
| *4. Place of Birth (Street and Number)* | 186 N. Belmont St. |
| *5. Full Name of Mother* | Sarah Hagger |
| *6. Mother's Maiden Name* | Allen |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Joseph Ballard Hagger |
| *9. Father's Occupation* | Dealer in Stove & Tin-ware |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis R. Knight M.D. |
| *Address* | 112 N. Greene St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15980

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3. |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Dec. 28th 1876. |
| *4. Place of Birth (Street and Number)* | 117 n. Fremont Street. |
| *5. Full Name of Mother* | Thorela Bushard |
| *6. Mother's Maiden Name* | F. Luchting |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Wm Bushard |
| *9. Father's Occupation* | Bormaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15981

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Cold
3. Date of Birth December 28 1876
4. Place of Birth (Street and Number) 8 S. Church St
5. Full Name of Mother Henrietta Johnson
6. Mother's Maiden Name Henrietta Johnson
7. Mother's Birthplace Calvert Co Md
8. Full Name of Father Geo. E Johnson
9. Father's Occupation Carter
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Mary Dickerson

Address 108 Seddenhall St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15982

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 28th 1876
4. *Place of Birth (Street and Number)* N. 10 Willw St
5. *Full Name of Mother* Teneffe Brand
6. *Mother's Maiden Name* Teneffe Gotz
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Karl Brand
9. *Father's Occupation* Basket maker
10. *Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return. M. R. Rudiger

*Address* 134 N. Bond Strd

*Remarks*

15983

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 28th |
| *4. Place of Birth (Street and Number)* | No 129 Boyd St |
| *5. Full Name of Mother* | Mrs Mary Mankin |
| *6. Mother's Maiden Name* | Miss Mary Miller |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Mr George Mankin |
| *9. Father's Occupation* | Labarer |
| *10. Father's Birthplace* | George Town |
| *Name of Medical Attendant,* or other Person who makes this Return. | Eliza Fullenkamp |
| *Address* | No 573 West Lombard St |
| *Remarks* | Doing Well. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15984

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 28th 1876 |
| *4. Place of Birth (Street and Number)* | No 453 E. Fayette St. |
| *5. Full Name of Mother* | Kath. Puhl |
| *6. Mother's Maiden Name* | " Eckeng |
| *7. Mother's Birthplace* | Germania |
| *8. Full Name of Father* | Hermann August Puhl |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germania |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Langert |
| *Address* | 260 E. Lombert |
| *Remarks* | |

# RETURN OF A BIRTH.

15985

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 18

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 1 28 december
4. Place of Birth (Street and Number) 223 Lemen street
5. Full Name of Mother Mary Mulholand.
6. Mother's Maiden Name Mary Gilloof
7. Mother's Birthplace Norf of Ireland
8. Full Name of Father James Gilloof
9. Father's Occupation Arn work
10. Father's Birthplace Norf of Ireland.

Name of Medical Attendant, or other Person who makes this Return. A C Gerstenberger

Address 69 portland.

Remarks 1th 1877.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13986

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | Tenth |
| *1. Sex* (state whether Male or ~~Female~~) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Dec. 28th 1876 |
| *4. Place of Birth* (Street and Number) | 510 Eighth St Baltimore City |
| *5. Full Name of Mother* | Susan Liddell |
| *6. Mother's Maiden Name* | Susan Bomberger |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Robert F. Liddell |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | F. Watson |
| *Address* | 434 N. Central Ave. |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

15987

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex (state whether Male or Female) | Female. |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Dec. 29th. 1876 |
| 4. Place of Birth (Street and Number) | N. E. Cor. Caroline & Millman st |
| 5. Full Name of Mother | Cordelia Sindall |
| 6. Mother's Maiden Name | Cordelia Grubb. |
| 7. Mother's Birthplace | Balto |
| 8. Full Name of Father | Phillip Sindall |
| 9. Father's Occupation | Tinner |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | A H Foster M.D. |
| Address | 543. Lexington st |
| Remarks | |

13988

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | december 29th |
| *4. Place of Birth (Street and Number)* | 326 hamburg st |
| *5. Full Name of Mother* | serrean na cocks |
| *6. Mother's Maiden Name* | maiden name unnown |
| *7. Mother's Birthplace* | eastean calbert county |
| *8. Full Name of Father* | alen cocks |
| *9. Father's Occupation* | labour |
| *10. Father's Birthplace* | talbert county |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | nou patps co avenue |
| *Remarks* | healthy child |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13889

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | tenth child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | december 29th |
| *4. Place of Birth (Street and Number)* | 328 worner st |
| *5. Full Name of Mother* | clarisey morgen |
| *6. Mother's Maiden Name* | maiden name unnown |
| *7. Mother's Birthplace* | virginia |
| *8. Full Name of Father* | samson morgin |
| *9. Father's Occupation* | labourer |
| *10. Father's Birthplace* | virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Lydia Porter |
| *Address* | no 1 patps co avenue |
| *Remarks* | |
| | delicate child |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15990

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c)* 3

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 29 Dezember
4. *Place of Birth (Street and Number)* 406 Hanover Strit
5. *Full Name of Mother* Caroline Kircher
6. *Mother's Maiden Name* Caroline Wetzel
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Georg Kircher
9. *Father's Occupation* Balmier
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strit

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15991

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | Third (3d) |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | Dec. 29th 1876 |
| 4. *Place of Birth* (Street and Number) | 163 Bethel Street (S) |
| 5. *Full Name of Mother* | Sophia Jefferson |
| 6. *Mother's Maiden Name* | Sophia Allen |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Charles Jefferson |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Anne Randall Co. |
| *Name of Medical Attendant*, or other Person who makes this Return. | Leah Walker |
| *Address* | 94 S. Dallas St. |
| *Remarks* | |

# RETURN OF A BIRTH.

15999

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) The 5th

1. *Sex* (state whether *Male* or *Female*) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* 2nd December 1876

4. *Place of Birth* (Street and Number) 151 North Gallows Street

5. *Full Name of Mother* Mary Wilson

6. *Mother's Maiden Name* Mary Evans

7. *Mother's Birthplace* Northumberland County Virginia

8. *Full Name of Father* Louis Wilson

9. *Father's Occupation* Lumber Wagon Driver

10. *Father's Birthplace* Fredericksburg Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Chatman

*Address* N. Gallows Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13993

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 29th 1876 |
| *4. Place of Birth (Street and Number)* | No 3 Pleasant alley |
| *5. Full Name of Mother* | Elizabetha Lehmann |
| *6. Mother's Maiden Name* | Reichert |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Jacob Lehmann |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Buchmann |
| *Address* | 120 Bank St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

139911

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | |
| *4. Place of Birth (Street and Number)* | |
| *5. Full Name of Mother* | |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

13995

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Number Children 2 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | light Brown Skine |
| *3. Date of Birth* | December 2E |
| *4. Place of Birth (Street and Number)* | Durham St No 84 |
| *5. Full Name of Mother* | Bell white |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | / |
| *10. Father's Birthplace* | / |
| *Name of Medical Attendant, or other Person who makes this Return.* | Alice A Chapline |
| *Address* | No 51 North Dallas St opposite union St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15996

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 21st 1876
4. Place of Birth (Street and Number) 5 Orchard street
5. Full Name of Mother Ida L Jenkins
6. Mother's Maiden Name Ida L Borrell
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Jenkins
9. Father's Occupation Waiter
10. Father's Birthplace Charles County

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 85 Orchard Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15997

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 27 1876
4. *Place of Birth (Street and Number)* 5 Orchard Street
5. *Full Name of Mother* Ida L. Jenkins
6. *Mother's Maiden Name* Ida L. Borrell
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Jenkins
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Charles County

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bodley Doctress

*Address* 85 Orchard Street

*Remarks*

15998

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state ~~whether Male or~~ Female)* | |
| *2. ~~Race or Color (if not of the~~ white race)* | |
| *3. Date of Birth* | Dec. 29. 1876 |
| *4. Place of Birth (Street and Number)* | 110 Enson St |
| *5. Full Name of Mother* | Amanda Noyes |
| *6. Mother's Maiden Name* | " Cornelious |
| *7. Mother's Birthplace* | Balto. Co. Md |
| *8. Full Name of Father* | David Noyes |
| *9. Father's Occupation* | Paper Hanger |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | E Hall Rutledge |
| *Address* | 161 E Madison St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15999

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 31 1876 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 29 of December |
| *4. Place of Birth (Street and Number)* | Cross St N. 102. |
| *5. Full Name of Mother* | Mary Paff. |
| *6. Mother's Maiden Name* | Mary Meddendorf |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jeff Paff |
| *9. Father's Occupation* | Feed Store |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16000

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JAN
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec^r 29. 1876. |
| *4. Place of Birth (Street and Number)* | 354 N. Broadway. |
| *5. Full Name of Mother* | Mary E. Cleveland |
| *6. Mother's Maiden Name* | Mary E. Jones. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Amos J. Cleveland |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. T. Powell M. D. |
| *Address* | 224 Carrollton Ave. |
| *Remarks* | Child Healthy and Vigorous. |

16001

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) The Thar The Seven 7th

1. Sex (state whether Male or Female) this is a Female
2. Race or Color (if not of the white race) & this is a Colard Child
3. Date of Birth December 29 1876
4. Place of Birth (Street and Number) Park St No 115
5. Full Name of Mother Louisa Mattee Ross
6. Mother's Maiden Name Louisa Mattee Ross
7. Mother's Birthplace Queen Ann County Queens Town Md
8. Full Name of Father B Benjaman Ross
9. Father's Occupation At this present a oysterman
10. Father's Birthplace Virginia Va

Name of Medical Attendant, or other Person who makes this Return.

Address Charlotte A. Johnson

Remarks Warner St No 171

South Baltimore Md

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16002

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | One |
| *1. Sex* (*state whether Male or Female*) | Female |
| *2. Race or Color* (*if not of the white race*) | White |
| *3. Date of Birth* | December 29 |
| *4. Place of Birth* (*Street and Number*) | N. Caroline N 244 |
| *5. Full Name of Mother* | Sarah Elizie Gable |
| *6. Mother's Maiden Name* | Sarah Elizie Sponer |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Aristille Gable |
| *9. Father's Occupation* | Marble Cutter |
| *10. Father's Birthplace* | Philadelphia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Martin Fitz Jr M.D |
| *Address* | S Bond N 1 75 |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16003

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race.
3. Date of Birth 28th 27 of December 1876.
4. Place of Birth (Street and Number) No 20 Howe st
5. Full Name of Mother Nora Boden
6. Mother's Maiden Name Nora Borgen,
7. Mother's Birthplace in Ireland
8. Full Name of Father Didrich Boeten
9. Father's Occupation a Bolor maker
10. Father's Birthplace in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Therese Eigeldinger

Address No 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16004

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JAN
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| *1. Sex* (state whether Male or Female) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Dec. 29. 1876 |
| *4. Place of Birth* (Street and Number) | 130 Exeter st. |
| *5. Full Name of Mother* | ~~A. H.~~ Gossage Steward |
| *6. Mother's Maiden Name* | S. H. Gossage |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | W. H. Steward |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A. Elder |
| *Address* | 125 N. Caroline |
| *Remarks* | Lived one hour after born died with a Sprain |

16005

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 29 [illegible]
4. *Place of Birth (Street and Number)* Baltimore [illegible]
5. *Full Name of Mother* Kate Snider
6. *Mother's Maiden Name* Kate [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Snider
9. *Father's Occupation* Baltimore
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. A. Cash

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16006

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 29 December 1876.

*4. Place of Birth (Street and Number)* 14 East St.

*5. Full Name of Mother* Maselina Rosenstein

*6. Mother's Maiden Name* " Lebon

*7. Mother's Birthplace* England

*8. Full Name of Father* Simon Rosenstein

*9. Father's Occupation* Tobacco Merchant

*10. Father's Birthplace* England

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper per J.

*Address* 526 E Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16007

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 29th December 1876.

4. *Place of Birth* (Street and Number) 122 East St.

5. *Full Name of Mother* Harreat Kayler.

6. *Mother's Maiden Name* Harreat Kittermann.

7. *Mother's Birthplace* Baltimore.

8. *Full Name of Father* Will Kayler.

9. *Father's Occupation* Brick Layer.

10. *Father's Birthplace* Baltimore!

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Katherine Horner.

*Address* No 29, Elizabeth Lane.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16008

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 30 1876 |
| *4. Place of Birth (Street and Number)* | No 43 Chapple. st |
| *5. Full Name of Mother* | Annie Elizabeth Tuden |
| *6. Mother's Maiden Name* | Annie Elizabeth Denbow |
| *7. Mother's Birthplace* | Harford County Md |
| *8. Full Name of Father* | Joseph H Tuden |
| *9. Father's Occupation* | Wagner |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rebecka Brady |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

16009

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 30th 76 |
| *4. Place of Birth (Street and Number)* | 159 Lee st. |
| *5. Full Name of Mother* | Anna Frey |
| *6. Mother's Maiden Name* | " Pardue |
| *7. Mother's Birthplace* | Maryland. |
| *8. Full Name of Father* | Gotlieb Frey. |
| *9 Father's Occupation* | Adams Express Agent. |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | J Harvey Lee M.D. |
| *Address* | 114 Edmondson ave. |
| *Remarks* | |

*advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16010

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Third |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | December 30th 1876 |
| 4. *Place of Birth* (Street and Number) | 10 Lemon St. |
| 5. *Full Name of Mother* | Catherine Cain |
| 6. *Mother's Maiden Name* | Catherine Newlin |
| 7. *Mother's Birthplace* | Balto County |
| 8. *Full Name of Father* | Jas. W. Cain |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Benja. Whitby, M.D. |
| *Address* | |
| *Remarks* | Balto Genl. Dispy. |

# RETURN OF A BIRTH.

16011

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1- |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 30 76 |
| *4. Place of Birth (Street and Number)* | Baltimore Cambridge St. No 75. |
| *5. Full Name of Mother* | Margt. Keohe |
| *6. Mother's Maiden Name* | Margt Stafford |
| *7. Mother's Birthplace* | Irland |
| *8. Full Name of Father* | Edward Keohe |
| *9. Father's Occupation* | Leabourer |
| *10. Father's Birthplace* | Irland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Parks Avnue |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16012

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPT
JAN 3
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 30 December |
| *4. Place of Birth (Street and Number)* | No 7 Constitution St |
| *5. Full Name of Mother* | Ellen Girvin Donovan |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Ireland. |
| *8. Full Name of Father* | Robert Girvin |
| *9. Father's Occupation* | Gas fitter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula J Ghrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16013

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* one

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 30 1876
4. *Place of Birth (Street and Number)* 41 Harmony Layne
5. *Full Name of Mother* Fanny Parsey
6. *Mother's Maiden Name* Gorge anon litlar
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* Alfred Parsey
9. *Father's Occupation* Colored Man
10. *Father's Birthplace* Baltimore Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Chalat Warr

*Address* 258 Balaryst

*Remarks* X

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

160111

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
2
1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 4th |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | Colored |
| *3. Date of Birth* | Dec 30 1876 |
| *4. Place of Birth* (Street and Number) | 214 Raborg St. |
| *5. Full Name of Mother* | Alice Washington |
| *6. Mother's Maiden Name* | " Jones |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | George Washington |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | P. C. Harris M.D. |
| *Address* | No 360 Lexington St |
| *Remarks* | |

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 3 1917 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c*)

1. *Sex* (*state whether* ~~Male or~~ *Female*) Female Colored

2. *Race or Color* (*if not of the white race*) Colored

3. *Date of Birth* Dec 30 1916

4. *Place of Birth* (*Street and Number*) No 131 Stirling St

5. *Full Name of Mother* Mrs Jefferson

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Eastern Shore

8. *Full Name of Father* Thomas Jefferson

9. *Father's Occupation* Farmer

10. *Father's Birthplace* Eastern Shore

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Amelia Jefferson

*Address* No 130 Stirling St Balto

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16016.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 30th 1876
4. *Place of Birth* (Street and Number) 35 S. Bond St.
5. *Full Name of Mother* R. W. Ward
6. *Mother's Maiden Name* R. W. Schultz
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* James Ward
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Orange Co. N. Y.

*Name of Medical Attendant,* or other Person who makes this Return. Wm. Goodwin

*Address* 25 S. Durham St

*Remarks*

16017

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1tte Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Born 30th December 1876 |
| *4. Place of Birth (Street and Number)* | No. 183 W. Pratt St |
| *5. Full Name of Mother* | Lina ~~Neuburger~~ Jules |
| *6. Mother's Maiden Name* | Lina Neuburger |
| *7. Mother's Birthplace* | Born en philadelphie Penn |
| *8. Full Name of Father* | Charles Jules |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Born en Romanswiller Alsace |
| *Name of Medical Attendant,* or other Person who makes this Return. | Lauben Kniß |
| *Address* | No 26. H. Friedrichstr |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16018

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 7

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 30 Dec

*4. Place of Birth (Street and Number)* No 6 S Paca St

*5. Full Name of Mother* Margarethe Sloeman

*6. Mother's Maiden Name* Middelcamp

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Ernst Sloeman

*9. Father's Occupation* Varnisher

*10. Father's Birthplace* Dreussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16019

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 30. 1876
4. *Place of Birth (Street and Number)* 3 Rose Street
5. *Full Name of Mother* Lizzie Singleton
6. *Mother's Maiden Name* Lizzie Lusas
7. *Mother's Birthplace* Caroline County
8. *Full Name of Father* Jhon Singleton
9. *Father's Occupation* Hod Carriere
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Hester ~~M~~ Bodley Doctress

*Address* 75 Orchard Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16020

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible] 5d

1. Sex (state whether Male or Female) A Boy
2. Race or Color (if not of the white race) A White Child
3. Date of Birth Saturday Dec 30th 1876
4. Place of Birth (Street and Number) No 96 Fortau
5. Full Name of Mother Lizzie Lamm
6. Mother's Maiden Name Lizzie Fox
7. Mother's Birthplace Germany
8. Full Name of Father Henry Lamm
9. Father's Occupation Cooper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway

Address

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16021

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** 30 Dec. 1876

HEALTH DEPARTMENT
DEC
31
1876
BALTIMORE.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 4th.

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*) White.
3. *Date of Birth* Dec 30th 1876.
4. *Place of Birth* (*Street and Number*) 241 Ann St.
5. *Full Name of Mother* Leise Spreingler.
6. *Mother's Maiden Name* Leise Will.
7. *Mother's Birthplace* America
8. *Full Name of Father* Lorenz Spengler.
9. *Father's Occupation* Bakery.
10. *Father's Birthplace* America.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dr. Amend.

*Address* N½ 137 Wolfe St.

*Remarks* 1

16022

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Decbr 30 1876

*4. Place of Birth (Street and Number)* 261 Canton Ave

*5. Full Name of Mother* W Hecker

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Fred. Haak.

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Koch

*Address*

*Remarks* Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16023

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 30 - 76 |
| *4. Place of Birth (Street and Number)* | Penna. Avenue extended |
| *5. Full Name of Mother* | Annie Maria Peppler |
| *6. Mother's Maiden Name* | Berengticker |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Alex. Peppler |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M.D. |
| *Address* | 112 N. Greene |
| *Remarks* | |

16021

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT DEC 30 1876 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* desember 30th 1876
4. *Place of Birth (Street and Number)* 97 Mc altre Stret
5. *Full Name of Mother* Luise Struz
6. *Mother's Maiden Name* L. Hoffmeier
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Reinhard Struz
9. *Father's Occupation* Nuspaber Carer
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. M. R. Rudiger

*Address* 134 N. Bond Stret

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

160225

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 30th 1876 |
| *4. Place of Birth (Street and Number)* | No 13 Wheat got st. |
| *5. Full Name of Mother* | Mary Muller |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Muller |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabeth Schmidt |
| *Address* | No 476 Penn Ave. |
| *Remarks* | |

16026

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 30 ed 1876 |
| *4. Place of Birth (Street and Number)* | 339 Hamburg st |
| *5. Full Name of Mother* | Mary Schmidt |
| *6. Mother's Maiden Name* | Haarwedel |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | August Schmidt |
| *9. Father's Occupation* | Carver |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16027

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Dec 31st 76

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Dec 30th 1876.
4. *Place of Birth (Street and Number)* 231 Gough St.
5. *Full Name of Mother* Bridget Byrnes.
6. *Mother's Maiden Name* Bridget Bocy.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John Byrnes.
9. *Father's Occupation* Ship Carpenter.
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M Arnold

*Address* No 137 Wolfe St.

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16028

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Decbr. 30th/76 |
| *4. Place of Birth (Street and Number)* | Ann. st No. 254 |
| *5. Full Name of Mother* | Mary Myer |
| *6. Mother's Maiden Name* | " Fuchs |
| *7. Mother's Birthplace* | Bater. |
| *8. Full Name of Father* | Henry Myer |
| *9. Father's Occupation* | Varnisher |
| *10. Father's Birthplace* | Bater. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anne st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16029

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 18 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* December 31st 1876.
4. *Place of Birth (Street and Number)* No 4 Prospect st.
5. *Full Name of Mother* Mary Johnson.
6. *Mother's Maiden Name* Mary Thomson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Johnson
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena E. Megeist.

*Address* No 182, E Monument st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16030

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 31st of December 1876
4. *Place of Birth (Street and Number)* No. 892 West Fall St.
5. *Full Name of Mother* Francis Fisher
6. *Mother's Maiden Name* F. Rinkl
7. *Mother's Birthplace* born in Balto. city
8. *Full Name of Father* Joseph Fisher
9. *Father's Occupation* Paar Keeler
10. *Father's Birthplace* born in Bavaria Germany

*Name of Medical Attendant,* or other Person who makes this Return. Lizzie Miller

*Address* No. 57 Smedwood St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16031

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
3
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 31 December |
| *4. Place of Birth (Street and Number)* | 517. Asquith St |
| *5. Full Name of Mother* | Eliza Moran |
| *6. Mother's Maiden Name* | Bacon |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Moran |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula I Chrismer |
| *Address* | No. 19 Forrest Place |
| *Remarks* | |

16032

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~)* 4

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 31 Dezember
4. *Place of Birth (Street and Number)* 174 Eden Gränn Stück
5. *Full Name of Mother* Catharina Keill
6. *Mother's Maiden Name* Ca Müller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Keill
9. *Father's Occupation* Kupfer
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strasse

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16033

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JAN
3
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | Six (6) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Dec 31st 1876 |
| *4. Place of Birth (Street and Number)* | 152 S. Dallas St. |
| *5. Full Name of Mother* | Elizabeth M Rapp |
| *6. Mother's Maiden Name* | Elizabeth M Abbott |
| *7. Mother's Birthplace* | Norfolk Va. |
| *8. Full Name of Father* | James M Rapp |
| *9. Father's Occupation* | Labourer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Leah Walker |
| *Address* | 94 S. Dallas St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

160314

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* Withe
3. *Date of Birth* 31 December
4. *Place of Birth (Street and Number)* 301 Dallas Stret
5. *Full Name of Mother* Berta Wegner
6. *Mother's Maiden Name* Müller
7. *Mother's Birthplace* Gnezen Germanija
8. *Full Name of Father* August Wegner
9. *Father's Occupation* —
10. *Father's Birthplace* Gzrada Germania

*Name of Medical Attendant, or other Person who makes this Return.* Marie Guttner

*Address* Wolf Street 275

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16035

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* Male.

*2. Race or Color (if not of the white race)*

*3. Date of Birth* December 31st 1876.

*4. Place of Birth (Street and Number)* Light Street No 664.

*5. Full Name of Mother* Maggie Gohlong Horst.

*6. Mother's Maiden Name* Maggie Mueller

*7. Mother's Birthplace* Germany.

*8. Full Name of Father* Henry Gohlong Horst

*9. Father's Occupation* Watchmaker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Thos Bruns

*Address* 114 Battery Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16036

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Third (3) |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | December 31st 1876 |
| 4. *Place of Birth* (Street and Number) | Durham St between Pratt & Lombard sts |
| 5. *Full Name of Mother* | Annie Cooks |
| 6. *Mother's Maiden Name* | Anna Wilson |
| 7. *Mother's Birthplace* | Parkersburg West Virginia |
| 8. *Full Name of Father* | Joseph C Cooks |
| 9. *Father's Occupation* | Stockman |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louisa Coates |
| *Address* | No 111 S. Dallas St Baltimore |
| *Remarks* | |

# RETURN OF A BIRTH.

16036

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | December 31st 1876 |
| *4. Place of Birth (Street and Number)* | 174 Little Green Street |
| *5. Full Name of Mother* | Cathrina Keill |
| *6. Mother's Maiden Name* | " " " Müller |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Keill |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

# RETURN OF A BIRTH.

16037

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Decem 31 1876 |
| *4. Place of Birth (Street and Number)* | No 31 Williams st |
| *5. Full Name of Mother* | Mrs M Kittenhouse |
| *6. Mother's Maiden Name* | Ruf Momensetter |
| *7. Mother's Birthplace* | Pa |
| *8. Full Name of Father* | M. M. Kittenhouse |
| *9. Father's Occupation* | Fire Brick Maker |
| *10. Father's Birthplace* | Pa |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr. H. B. Stolle |
| *Address* | 17 Barnes av |
| *Remarks* | |

16038

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Lt Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Jan 31

*4. Place of Birth (Street and Number)* Chas 202

*5. Full Name of Mother* Sofe Kathman

*6. Mother's Maiden Name* Sofe Shaler

*7. Mother's Birthplace* Germane

*8. Full Name of Father* Henre Shaler

*9. Father's Occupation* St Worger

*10. Father's Birthplace* Germane.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* M Lauer 173 Harrfeet ave.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16039

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* December 31st 1876

*4. Place of Birth (Street and Number)* No. 135 Spring St. near Madison St.

*5. Full Name of Mother* Emma Holland

*6. Mother's Maiden Name* Emma Brady.

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Louis Holland

*9. Father's Occupation*

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No 181. N. Central avenue Balto.

*Remarks* Well.

16040

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.) the 7th

(state whether Male or Female) Female

or Color (if not of the white race) Colored

of Birth 31 December 187[illegible]

of Birth (Street and Number) 278 Chew st

Name of Mother Sarah Mates

er's Maiden Name Sarah Wood

er's Birthplace Lancaster Virginia

Name of Father Robert Mates

er's Occupation Boton

er's Birthplace Mobile Albana

of Medical Attendant, or other Person who makes this Return. Ellen Stubbs

ess 4201 Sharp

rks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11 16011

HEALTH DEPARTMENT
JAN
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 10th |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | 31 Dec 1876 |
| 4. *Place of Birth* (Street and Number) | 127 Pennsylvania Avenue |
| 5. *Full Name of Mother* | Mrs Ro Smith |
| 6. *Mother's Maiden Name* | Bridget Taft |
| 7. *Mother's Birthplace* | Ireland |
| 8. *Full Name of Father* | John Smith |
| 9. *Father's Occupation* | Storekeeper |
| 10. *Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Marbury Brewer MD |
| *Address* | 201 N. Biddle St |
| *Remarks* | |

16040

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Sixth |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | December 31st 1876 |
| 4. *Place of Birth* (Street and Number) | No 22 Park Avenue |
| 5. *Full Name of Mother* | Martha Olevia Haines |
| 6. *Mother's Maiden Name* | Martha Olevia Garriss |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | George H. Haines. |
| 9. *Father's Occupation* | Caulker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Winneberger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16043

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 5 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | December 31st |
| 4. Place of Birth (Street and Number) | Baltimore: York Street No 100 |
| 5. Full Name of Mother | Annie Cooney |
| 6. Mother's Maiden Name | " Higgins |
| 7. Mother's Birthplace | County Gelooey Ireland |
| 8. Full Name of Father | John Cooney |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace | County Roscommon Ireland |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Elizabeth Scarborough |
| Address | No 236 Montgomery Street |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

160411

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | December 31st 1876 |
| *4. Place of Birth (Street and Number)* | No 791 Jefferson St |
| *5. Full Name of Mother* | Mary Elizabeth Smart |
| *6. Mother's Maiden Name* | Mary Elizabeth Plummer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm Thos Smart |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Ann Allnell |
| *Address* | 286 McDonough st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111

160115

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JAN
8
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | December 31st 1876 |
| *4. Place of Birth (Street and Number)* | No 60 Dugan St |
| *5. Full Name of Mother* | Sarah Young. |
| *6. Mother's Maiden Name* | " Galloway |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Michael Young |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary et Allwell |
| *Address* | 286 Mc Tonogh st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16046

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* in boltinor Mkoleys

1. *Sex (state whether Male or Female)* Male in koleys.
2. *Race or Color (if not of the white race)* it is Hite race.
3. *Date of Birth* 31 proxmo 1876
4. *Place of Birth (Street and Number)* Boltimore An stoney A 30
5. *Full Name of Mother* Mary Novle
6. *Mother's Maiden Name* Mary Barnes
7. *Mother's Birthplace* in koleys
8. *Full Name of Father* frank Barnes
9. *Father's Occupation* Carpener
10. *Father's Birthplace* in koley

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* B. Child

*Remarks* Mary keyptish

# RETURN OF A BIRTH.

16047

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JAN
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 31st 1876 |
| *4. Place of Birth (Street and Number)* | No 188 Bank Street |
| *5. Full Name of Mother* | Virginia Springstead |
| *6. Mother's Maiden Name* | Virginia Keys. |
| *7. Mother's Birthplace* | Philadelphia Pa. |
| *8. Full Name of Father* | Benjamin Springstead |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | John F. Lynch M.D. |
| *Address* | S.E. Corner Pratt & Broadway |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1877 Vol 16048

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Dec. 31st

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Dec. 31st 1876.
4. *Place of Birth (Street and Number)* 416 Canton Ave.
5. *Full Name of Mother* Eve Roth.
6. *Mother's Maiden Name* Eve Dittel.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mathew Roth.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. Amend

*Address* No. 137 Wolfe St.

*Remarks* 10

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16049

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child, |
| *1. Sex (state whether Male or Female)* | Male, |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Dec 31st 1876. |
| *4. Place of Birth (Street and Number)* | 25 Covington St, |
| *5. Full Name of Mother* | Margaret Ann Richardson, |
| *6. Mother's Maiden Name* | " " Franke, |
| *7. Mother's Birthplace* | New Jersey, |
| *8. Full Name of Father* | Thos C. Richardson, |
| *9. Father's Occupation* | Carpenter, |
| *10. Father's Birthplace* | Dorchester Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. H. Talbot M.D. |
| *Address* | 158 Sharp St, |
| *Remarks* | Child living |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16050

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JAN
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Dec 31/76 |
| *4. Place of Birth (Street and Number)* | Elliott st No. 91 |
| *5. Full Name of Mother* | Mary Landen |
| *6. Mother's Maiden Name* | Koch |
| *7. Mother's Birthplace* | Cumberland. Md |
| *8. Full Name of Father* | John Landen |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return: | Johanna Schuette |
| *Address* | Midwife |
| *Remarks* | 320 Alice Anne st |

# RETURN OF A BIRTH.

III 16051

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 30 December 1876 |
| *4. Place of Birth (Street and Number)* | 133 E. Wilts St |
| *5. Full Name of Mother* | Susany Polar |
| *6. Mother's Maiden Name* | Julian |
| *7. Mother's Birthplace* | U States of America |
| *8. Full Name of Father* | James Polar |
| *9. Father's Occupation* | Ships carpenter |
| *10. Father's Birthplace* | U States of America |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper per D. |
| *Address* | 52 E. Lombard St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

16052 - 16644

166441/2

166441/2

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Jan. 15th 1877. |
| 4. *Place of Birth, (Street and Number)* | 36. S. Schroeder St. |
| 5. *Full Name of Mother,* | Mary S. Drummond |
| 6. *Mother's Maiden Name,* | " " Schaffer. |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Alexander Drummond |
| 9. *Father's Occupation* | Blacksmith. |
| 10. *Father's Birthplace,* | Scotland. |
| *Name of Medical Attendant,* or other person who makes this Return, | D. J. McKew M.D. |
| *Address,* | S. Sharp St |
| *Remarks,* | City |

Wm. J. C. Dulany Co,. City Printers and Stationers.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A B

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2d |
| Sex (~~state whether~~ Male ~~or Female~~) | |
| ~~Race or Color (if not of the~~ white race) | |
| Date of Birth | Feb 1 1877 |
| Place of Birth (Street and Number) | No. 1 Vally St |
| Full Name of Mother | Mary Rafferty |
| Mother's Maiden Name | " Boyle |
| Mother's Birthplace | Baltimore City |
| 8. Full Name of Father | William J Rafferty |
| 9. Father's Occupation | Fireman |
| 10. Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | E Hall Rutledge |
| Address | 151 E Madison St |
| Remarks | |

16646

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 and child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | first isnt |
| *4. Place of Birth (Street and Number)* | no 67 Curch St |
| *5. Full Name of Mother* | Suson russel |
| *6. Mother's Maiden Name* | Suson russel |
| *7. Mother's Birthplace* | dorchester county |
| *8. Full Name of Father* | Joseph russel |
| *9. Father's Occupation* | labour ma |
| *10. Father's Birthplace* | dorchester county |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | no 4 paths coarene |
| *Remarks* | hel thy child |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16647

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5- |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 1st Feb |
| *4. Place of Birth (Street and Number)* | 132 Hamburg St. |
| *5. Full Name of Mother* | Mary Jane Russell |
| *6. Mother's Maiden Name* | Mary Jane Hyson |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Edward Russell |
| *9. Father's Occupation* | Boiler Maker |
| *10. Father's Birthplace* | Wilmington Delaware |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs M. P. Caskey |
| *Address* | 134 Hamburg St |
| *Remarks* | all is Well |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16648

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 27 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb 1st 1877
4. *Place of Birth (Street and Number)* Baltimore No 1 L. Pine St
5. *Full Name of Mother* Sarah Gordon
6. *Mother's Maiden Name* Lanvale
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Gordon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mary A. Dorsey

*Address* No 33 Oxford St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16649

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* American

*3. Date of Birth* February 1st 1877

*4. Place of Birth (Street and Number)* 74 Warner St.

*5. Full Name of Mother* Emma Dunn

*6. Mother's Maiden Name* Emma Wright

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Benjamin Dunn

*9. Father's Occupation* Painter

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. C. S. Johnson M.D.

*Address* 103 S. Paca St

*Remarks* Vertex presentation Strong healthy City Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16650

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 19 1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 1st

*4. Place of Birth (Street and Number)* 60 Low St City

*5. Full Name of Mother* Ellen Moore

*6. Mother's Maiden Name* Ellen Reilly

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* [illegible]

*9. Father's Occupation* Machinist

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mis Lamler 60 Schorter

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16651

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 1st 1877
4. *Place of Birth (Street and Number)* N 91 W Chase St
5. *Full Name of Mother* Matilda J. Lee
6. *Mother's Maiden Name* Matilda Jenkins
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Charles O'Donnell Lee
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. F. B. Chatard M.D.

*Address* N 114 Park Ave

*Remarks*

16652

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth February 1st 1877
4. Place of Birth (Street and Number) 130 Hanover St
5. Full Name of Mother Teressa McConnor
6. Mother's Maiden Name Boyle
7. Mother's Birthplace Baltimore
8. Full Name of Father Theneas S. McConnor
9. Father's Occupation Steamboat Captain
10. Father's Birthplace New Jersey

Name of Medical Attendant, or other Person who makes this Return. Wm. Cole Jr. Md

Address 1129 Sharp St

Remarks Natural Labor

Strong, healthy Child weighing 11¾ pds at birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16653

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Feb 1st 1877 |
| *4. Place of Birth (Street and Number)* | 1 Shield alley near greenmount |
| *5. Full Name of Mother* | Mrs John C Purnell |
| *6. Mother's Maiden Name* | Nancy R Bundy |
| *7. Mother's Birthplace* | Loudoun Co Va |
| *8. Full Name of Father* | John C Purnell Sr |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | New Orleans La. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs C Shew |
| *Address* | No 6 Bolton Street |
| *Remarks* | Child Doing well |

# RETURN OF A BIRTH.

166544

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 1st 1877
4. *Place of Birth* (Street and Number) 480 Canton Ave.
5. *Full Name of Mother* Barbara Theresia Bauz
6. *Mother's Maiden Name* Barbara Theresia Sanders
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Edw. Sanders
9. *Father's Occupation* Spitter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. H. Latimer

*Address* 25 S Durham St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16633

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 1st 1877
4. *Place of Birth* (Street and Number) Pratt St No 997
5. *Full Name of Mother* Anna Wackerhouse
6. *Mother's Maiden Name* Anna Heringerhouse
7. *Mother's Birthplace* Germania
8. *Full Name of Father* William Wackerhouse
9. *Father's Occupation* Cupher
10. *Father's Birthplace* Germania

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

Catharine Doll

16656

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 5
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 1 Februar
4. *Place of Birth* (Street and Number) 57 Langeste Street
5. *Full Name of Mother* Dorotea Stejter
6. *Mother's Maiden Name* Lorek
7. *Mother's Birthplace* Janowice Germany
8. *Full Name of Father* Josef Lorek
9. *Father's Occupation*
10. *Father's Birthplace* Lekno

*Name of Medical Attendant*, or other Person who makes this Return. Mary Güttner

*Address* Wolfe Street 245.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16657

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
5
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | One child |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wht |
| *3. Date of Birth* | first of February. |
| *4. Place of Birth (Street and Number)* | Hanover St No 400. |
| *5. Full Name of Mother* | Emma Black |
| *6. Mother's Maiden Name* | Emma Eppenright |
| *7. Mother's Birthplace* | Philadelphia |
| *8. Full Name of Father* | Robert Black |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Philadelphia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Miss Martin |
| *Address* | West St No 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16638

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2 child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 1, 1877

*4. Place of Birth (Street and Number)* Fort Street No 125

*5. Full Name of Mother* Mary Hare

*6. Mother's Maiden Name* Mary Lamart

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* William Hare

*9. Father's Occupation* Labourer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Anderson

*Address* No 92 ~~Hamburg Street~~ Hamburg Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15659

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* feb 1 1877
4. *Place of Birth (Street and Number)* 200 ann st
5. *Full Name of Mother* [redacted] [illegible] timm
6. *Mother's Maiden Name* [illegible] lamy
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* hermon timm
9. *Father's Occupation* mariner
10. *Father's Birthplace* germanny

*Name of Medical Attendant, or other Person who makes this Return.* mary corner 153

*Address* choptank st

*Remarks*

# RETURN OF A BIRTH.

16660

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Fourth, |
| 1. Sex (state whether Male or Female) | Female, |
| 2. Race or Color (if not of the white race) | " " White |
| 3. Date of Birth | February 1st 1877. |
| 4. Place of Birth (Street and Number) | No 204. E. Chase Street, |
| 5. Full Name of Mother | Annie, Johanna, Miller. |
| 6. Mother's Maiden Name | " " Gottsleben, |
| 7. Mother's Birthplace | Baltimore City. |
| 8. Full Name of Father | William, Frederick, Miller. |
| 9. Father's Occupation | Cooper, |
| 10. Father's Birthplace | Baltimore City. |
| Name of Medical Attendant, or other Person who makes this Return. | Doretha Harr. |
| Address | No 242. E Chase, Cor of Sommersett Sts. |
| Remarks | |

Baltimore February 1st 1877.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16661

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 1 Febr. 1877.
4. Place of Birth (Street and Number) Canton Klinton St.
5. Full Name of Mother Philipiene Hufärber.
6. Mother's Maiden Name Kriez.
7. Mother's Birthplace Baltimore
8. Full Name of Father Adam Hufärber. Hufräber
9. Father's Occupation Sandgießer.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott St. 61.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16662

# RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 1st 77 |
| *4. Place of Birth (Street and Number)* | Wolfe st Bet 183 |
| *5. Full Name of Mother* | Mary Heinz |
| *6. Mother's Maiden Name* | Mary Shurz |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | August Heinz |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johnna Schutte |
| *Address* | No 320 Alice Anne st |
| *Remarks* | |

# RETURN OF A BIRTH.

1666.3

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 2 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Febr. 1st /77 |
| *4. Place of Birth (Street and Number)* | Canton and No. 255 |
| *5. Full Name of Mother* | Anny Heckler |
| *6. Mother's Maiden Name* | " Stambach |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Elgert Heckler |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Sweden |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allicanna St. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

166611

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

16665

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 6

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* February 2, 1877

*4. Place of Birth (Street and Number)* Bank str No 144

*5. Full Name of Mother* Katharina Weinel

*6. Mother's Maiden Name* Katharina Müller

*7. Mother's Birthplace* Hollenberg Bayern

*8. Full Name of Father* Wilhelm Weinel

*9. Father's Occupation* Baker

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* W. Wolf str No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16666

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | ninth. |
| *1. Sex (state whether Male or Female)* | female. |
| *2. Race or Color (if not of the white race)* | white. |
| *3. Date of Birth* | February 2 |
| *4. Place of Birth (Street and Number)* | 154 East Street. |
| *5. Full Name of Mother* | Louisa Heiss. |
| *6. Mother's Maiden Name* | " Max |
| *7. Mother's Birthplace* | Vienna, Austria Europe. |
| *8. Full Name of Father* | Jacob T. Heiss. |
| *9. Father's Occupation* | Tiles Manufactory. |
| *10. Father's Birthplace* | Carlsruhe Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Lambert Reiss Zahnarzt |
| *Address* | No 26. N. Friedrichstrasse |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16667

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Feb 2 |
| *4. Place of Birth (Street and Number)* | No 93 Wallis Street |
| *5. Full Name of Mother* | Fanny Jefferson |
| *6. Mother's Maiden Name* | Emma [redacted] Stewart |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas Jefferson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Rosa Wilkinson |
| *Address* | No 70 Vincent Street |
| *Remarks* | Mother and Child doing well |

16668

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male ~~or Female~~)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 2nd |
| *4. Place of Birth (Street and Number)* | No 8. Mulberry St |
| *5. Full Name of Mother* | Pauline Gore |
| *6. Mother's Maiden Name* | Ott |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Jesse L. Gore |
| *9. Father's Occupation* | Coachmaker |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Ida V. Pennington |
| *Address* | No 6 Mulberry St. |
| *Remarks* | Live Baby |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16669

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | colord |
| *3. Date of Birth* | 2 Feb. 1877 |
| *4. Place of Birth (Street and Number)* | 6 Salisbury alley |
| *5. Full Name of Mother* | Annie Schupe |
| *6. Mother's Maiden Name* | " " |
| *7. Mother's Birthplace* | U States |
| *8. Full Name of Father* | Levi Schupe |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | U States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Cooper per Dr. |
| *Address* | 526 E Lombard |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16670

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 February
4. *Place of Birth (Street and Number)* 1280 Fayette Street
5. *Full Name of Mother* Anna La Bondal
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter J. La Bondal
9. *Father's Occupation* Cigar Baker
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Dr. Vernon

*Address* the 16 County Street

*Remarks*

16671

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Yes Child

1. *Sex (state whether ~~Male or~~ Female).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 2, 1877
4. *Place of Birth (Street and Number)* N. Spring St. No 69.
5. *Full Name of Mother* Louise Hagersupp.
6. *Mother's Maiden Name* Louise Webern
7. *Mother's Birthplace* Schlierbach, Vr. Preussen. Germany
8. *Full Name of Father* Carl W. Hagersupp.
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Helsa, Vr. Preussen. Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Müller

*Address* N. Dallas St. No 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16672

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 2 of Febery 1877,
4. *Place of Birth (Street and Number)* No 22 Dudhill avnew
5. *Full Name of Mother* ~~Rosa~~ Mary Shippley,
6. *Mother's Maiden Name* ~~Rosa~~ Mary Duchshier,
7. *Mother's Birthplace* in Germeny,
8. *Full Name of Father* Antoun Shippley,
9. *Father's Occupation* a Showmaker,
10. *Father's Birthplace* in Germeny,

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Eigeldinger

*Address* No 14 Union st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16673

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 2d 1877
4. Place of Birth (Street and Number) 387 E. ~~W.~~ Pratt St
5. Full Name of Mother Franzeska Homer
6. Mother's Maiden Name " Holdhaus
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Homer
9. Father's Occupation Pork Packer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Salzer

Address 165 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

166744

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 2nd of February 1877

*4. Place of Birth (Street and Number)* No 15 Poppleton Street

*5. Full Name of Mother* Mrs Mollie White

*6. Mother's Maiden Name* Mrs Mollie Lang

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Mr Joseph White

*9. Father's Occupation* Cigars maker

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elsie Fullerkamp

*Address* No 573 West Lombard St

*Remarks* Going well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16676

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
6
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | Feb 2d 1877 |
| 4. *Place of Birth* (Street and Number) | No 35 Hanover St |
| 5. *Full Name of Mother* | Emma Blades |
| 6. *Mother's Maiden Name* | Emma Davis |
| 7. *Mother's Birthplace* | Md |
| 8. *Full Name of Father* | William Blades |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | H C B Noble M.D |
| *Address* | 17 Hanover St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16676

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Februar 2 d. 1877 |
| *4. Place of Birth (Street and Number)* | 227 n. Bond Str. |
| *5. Full Name of Mother* | Ellen Hursch |
| *6. Mother's Maiden Name* | El. Hardman |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Heinrich Hursch |
| *9. Father's Occupation* | Inshrier |
| *10. Father's Birthplace* | Baltimor |
| *Name of Medical Attendant, or other Person who makes this Return.* | M. R. Rudiger |
| *Address* | 134 n. Bond Str. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16677

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Feb. 2d 1877

4. *Place of Birth* (Street and Number) Fredrick Ave. No 214

5. *Full Name of Mother* Sophia Flohr

6. *Mother's Maiden Name* Sophia Eckert.

7. *Mother's Birthplace* Germania

8. *Full Name of Father* August Flohr.

9. *Father's Occupation* Shoe Maker.

10. *Father's Birthplace* Germania

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Doll.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16678

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 2d 1877 |
| *4. Place of Birth (Street and Number)* | 224 W Biddle |
| *5. Full Name of Mother* | Eliza Mc Hutchinson Dutton |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Waterford Va |
| *8. Full Name of Father* | John Wm Hutchinson |
| *9. Father's Occupation* | Shirt Maker |
| *10. Father's Birthplace* | Newburg New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elliot G Price M.D. |
| *Address* | 262 Madison St |
| *Remarks* | |

16679

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
2
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 Feb
4. *Place of Birth (Street and Number)* 311 Saratoga st
5. *Full Name of Mother* Henrietta Speilmann
6. *Mother's Maiden Name* Schäfer
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Louis Speilmann
9. *Father's Occupation* Peddler
10. *Father's Birthplace* X Traveling Agent

*Name of Medical Attendant,* or other Person who makes this Return. Mary Horn

*Address* 328 N Eutaw st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16680

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 2 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 2 77 |
| *4. Place of Birth (Street and Number)* | Hoare St. No. 7 |
| *5. Full Name of Mother* | Kate Kessner |
| *6. Mother's Maiden Name* | Klem |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | George Kessner |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | Johanna Schuette |
| *Address* | Midwife |
| *Remarks* | 320 allica Anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16681

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 1st February |
| *4. Place of Birth (Street and Number)* | William St. 134 |
| *5. Full Name of Mother* | Ruth Higgins |
| *6. Mother's Maiden Name* | Ruth Hobbs |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Barkley Miller |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Richmond |
| *Name of Medical Attendant,* or other Person who makes this Return. | Miss Martin |
| *Address* | West St. 125 |
| *Remarks* | |

16682

# RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First of Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 2 of February |
| *4. Place of Birth (Street and Number)* | William St. |
| *5. Full Name of Mother* | Lizzie Rubany |
| *6. Mother's Maiden Name* | Lizzie Clark |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Lorenz Rubany |
| *9. Father's Occupation* | Schumacker |
| *10. Father's Birthplace* | Leabenau in Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St N. W |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16683

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 3rd of February

*4. Place of Birth (Street and Number)* Federal St. No. 17

*5. Full Name of Mother* Sallie McGaw Hitchcock.

*6. Mother's Maiden Name* " " Shock.

*7. Mother's Birthplace* Baltimore County.

*8. Full Name of Father* Joseph Crane Hitchcock

*9. Father's Occupation* Engineer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

166811

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 5th 1871
4. *Place of Birth (Street and Number)* Baltimore City as usual
5. *Full Name of Mother* Barbara Resh.
6. *Mother's Maiden Name* Barbara Kaffman
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Michl Resh.
9. *Father's Occupation* Bier - Brewer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dr Hillegeist

*Address* No 182 Monument st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16683

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
16
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 3rd 1877
4. *Place of Birth (Street and Number)* N.W. Corner Light & Hill Sts
5. *Full Name of Mother* Alice Murray
6. *Mother's Maiden Name* Alice Murray
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Murray
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Roscommon Co. Ireland

*Name of Medical Attendant, or other Person who makes this Return.* J. Whitehead M.D.

*Address* N. 114 Park Ave

*Remarks*

16686

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Ninth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* February 3rd 1877

*4. Place of Birth (Street and Number)* No 118 N. Caroline St

*5. Full Name of Mother* Margaret A. Cole

*6. Mother's Maiden Name* " " Patterson

*7. Mother's Birthplace* Maryland

*8. Full Name of Father* John H Cole

*9. Father's Occupation* Huckster

*10. Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Allwell

*Address* 281 McDonogh St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16687

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 12 1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 3 Feb. 1877 |
| *4. Place of Birth (Street and Number)* | 79 Spring St. |
| *5. Full Name of Mother* | Bridget Brooks |
| *6. Mother's Maiden Name* | O Connor |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Christopher Brooks |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Gasper M.D. |
| *Address* | 37 E Lombard St |
| *Remarks* | |

16668

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first. |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 3d 1877. |
| *4. Place of Birth (Street and Number)* | 1. Baker Court |
| *5. Full Name of Mother* | Margaretha Sell |
| *6. Mother's Maiden Name* | M. Ruth |
| *7. Mother's Birthplace* | Hessen Germany |
| *8. Full Name of Father* | John Sell |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Hessen Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl Street. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16689

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 9 1877
4. Place of Birth (Street and Number) Hamburg street No 313 [illegible]
5. Full Name of Mother Sarah Steward
6. Mother's Maiden Name Sarah Thompson
7. Mother's Birthplace prince George county
8. Full Name of Father Arthur Steward
9. Father's Occupation oyster shucker
10. Father's Birthplace Balt city

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address Midwife

Remarks residence 86 Picket court

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16690

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* fifth child

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* C

*3. Date of Birth* Feby 3 1877

*4. Place of Birth (Street and Number)* 4th Richmond St Balto

*5. Full Name of Mother* Susan Gearing

*6. Mother's Maiden Name* Susan Ackerman

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* Israel Gearing

*9. Father's Occupation* Waiter

*10. Father's Birthplace* Va

*Name of Medical Attendant,* or other Person who makes this Return. C W Baltimore M.D.

*Address* 28 Franklin Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11691

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 3rd 1877 |
| *4. Place of Birth (Street and Number)* | No 68 S. Broadway |
| *5. Full Name of Mother* | Amelia H. Laiger |
| *6. Mother's Maiden Name* | A. H. Debouf |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Chales H. Laiger |
| *9. Father's Occupation* | Commission Merchant. |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | John F. Lynch M.D. |
| *Address* | 54 S. Broadway |
| *Remarks* | |

16692

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1 Child Female

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White Child

*3. Date of Birth* Child is born the 3. February

*4. Place of Birth (Street and Number)* in Lemmon ally no (Nober) Number

*5. Full Name of Mother* Miss Anna Fuller

*6. Mother's Maiden Name* Miss Stolzenbach

*7. Mother's Birthplace* Miss Anna Fuller born in Annapolis

*8. Full Name of Father* Mr John Joseph Fuller

*9. Father's Occupation* Cooper

*10. Father's Birthplace* Mr John Joseph Fuller born Falls ave

*Name of Medical Attendant,* or other Person who makes this Return. Anne Lindner

*Address* No 45 Monroe St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16693

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First one

*1. Sex (state whether Male or Female)* male well and hearty

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* February 3rd 1877

*4. Place of Birth (Street and Number)* Plum Valley 87

*5. Full Name of Mother* Harriet Martin

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Kent Island

*8. Full Name of Father* Josephine King

*9. Father's Occupation* oyster Shucker

*10. Father's Birthplace* Kent Island

*Name of Medical Attendant,* or other Person who makes this Return. Mary Logan 85 Plumaly

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

166911

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 3 1877 |
| *4. Place of Birth (Street and Number)* | No 335 Light St |
| *5. Full Name of Mother* | Julia A Preston |
| *6. Mother's Maiden Name* | " " Elliott |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Geo W. Preston |
| *9. Father's Occupation* | Boiler maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

16693

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | February 3rd |
| *4. Place of Birth (Street and Number)* | 180 Abbey St |
| *5. Full Name of Mother* | Martha J Wilson |
| *6. Mother's Maiden Name* | Downs |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Jerry Downs |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Rachael Spence |
| *Address* | 166 Abbey St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16696

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male ~~Female~~ |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 3d 1877 |
| *4. Place of Birth (Street and Number)* | 107 Ridgely St |
| *5. Full Name of Mother* | Sarah Frank |
| *6. Mother's Maiden Name* | Sarah Dougherty |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | Joel Frank |
| *9. Father's Occupation* | Glass Cutter |
| *10. Father's Birthplace* | New Jersey |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Noble MD |
| *Address* | 17 Warren St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16697

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 3rd 1877

*4. Place of Birth (Street and Number)* 18 S. Chappel St.

*5. Full Name of Mother* Cathring Hamann

*6. Mother's Maiden Name* Cathring Gueler

*7. Mother's Birthplace* Hanover

*8. Full Name of Father* Sebastian Hamann

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Hessia

*Name of Medical Attendant,* or other Person who makes this Return. Th. Fiddes

*Address* 25 S. Durham St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16695

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Februar 3d. 1877 |
| *4. Place of Birth (Street and Number)* | 288 E. Madison Str |
| *5. Full Name of Mother* | Elisabeth Walb |
| *6. Mother's Maiden Name* | Elisb. Herman |
| *7. Mother's Birthplace* | ~~South~~ Germane |
| *8. Full Name of Father* | Georg Walb |
| *9. Father's Occupation* | Plumer |
| *10. Father's Birthplace* | Germane |
| *Name of Medical Attendant, or other Person who makes this Return.* | M R. Rudiger |
| *Address* | 134 n. Bonds Str |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16699

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb. 3d 1877 |
| *4. Place of Birth (Street and Number)* | 82 Eastern Ave |
| *5. Full Name of Mother* | Annie Schlecht |
| *6. Mother's Maiden Name* | Miller |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | Charles Schlecht Potter |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bushmann |
| *Address* | 120 Bank st |
| *Remarks* | |

# RETURN OF A BIRTH.

16700

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
17
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | January 3 |
| *4. Place of Birth (Street and Number)* | No 225 Dallas St |
| *5. Full Name of Mother* | Louise Uhl |
| *6. Mother's Maiden Name* | " Keller |
| *7. Mother's Birthplace* | New York |
| *8. Full Name of Father* | John Uhl |
| *9. Father's Occupation* | Wagon Dyer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Regina Heidlage |
| *Address* | No 289 E. Bond St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16701

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether ~~1st, 2d, 3d~~, &c.) Third

1. *Sex* (state whether ~~Male~~ or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb. 3rd 1877
4. *Place of Birth* (Street and Number) Barney st Balto City
5. *Full Name of Mother* Emma F. Bennet
6. *Mother's Maiden Name* " " Tracey
7. *Mother's Birthplace* Frederick Md
8. *Full Name of Father* William G. Bennet
9. *Father's Occupation* Painter
10. *Father's Birthplace* Frederick Md

*Name of Medical Attendant,* or other Person who makes this Return. Horatio N. Shultz

*Address* No 11 South Arlington Ave. City

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Fee Record of Vital Statistics in the City of Baltimore.**

16702

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 3 of Febuare. |
| *4. Place of Birth (Street and Number)* | Patten St No. 15. |
| *5. Full Name of Mother* | Elle Defalco. |
| *6. Mother's Maiden Name* | Elle. Dermott. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jorge Defalco. |
| *9. Father's Occupation* | Processer |
| *10. Father's Birthplace* | Washington City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16703

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 Februar
4. *Place of Birth (Street and Number)* 217 Ann Street
5. *Full Name of Mother* Merie Wiszke
6. *Mother's Maiden Name* Zmuda
7. *Mother's Birthplace* Gotangt Germany
8. *Full Name of Father* Tomas Zmuda
9. *Father's Occupation* ——
10. *Father's Birthplace* Juno

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* Wolf Street 245.

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16704

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Boy 1st 6 d/cs |
| *1. Sex (state whether Male or Female)* | ~~White~~ male |
| *2. Race or Color (if not of the white race)* | Baltimore |
| *3. Date of Birth* | Late wife Feby 3rd 1877 |
| *4. Place of Birth (Street and Number)* | Late Lichy - at Light St Bridge |
| *5. Full Name of Mother* | London Mary C. Boyce |
| *6. Mother's Maiden Name* | Charles wife " " Gliscoe |
| *7. Mother's Birthplace* | Boy Tender England |
| *8. Full Name of Father* | Baltimore Chas H. Boyce |
| *9. Father's Occupation* | Bar Keeper |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Thorthern Horner |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16705

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

16706

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 86

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 4. 1877

*4. Place of Birth (Street and Number)* Monument str. Ost. End. Not Number

*5. Full Name of Mother* Maria Adam

*6. Mother's Maiden Name* Maria Francis

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Johann Adam

*9. Father's Occupation* Tinner

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfsh No 28

*Remarks* Midwife

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16707

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child,

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 4 of Feburey 1877,
4. Place of Birth (Street and Number) No Boldier Alley.
5. Full Name of Mother Sarrey Kelle,
6. Mother's Maiden Name Sarry Brower,
7. Mother's Birthplace in Irland,
8. Full Name of Father Michel Kelle,
9. Father's Occupation a Gas fitter,
10. Father's Birthplace in Irland,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16708

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th February
4. *Place of Birth (Street and Number)* No 84 Eutaw Street
5. *Full Name of Mother* Anna Haase
6. *Mother's Maiden Name* Anna Haagemeyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Haase
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. W. Lauber Kreis Hebamme

*Address* No 26. X Friedrichstraße

*Remarks*

**Peer Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16709

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 8 1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3 ths

*1. Sex (state whether Male or Female)* Mal

*2. Race or Color (if not of the white race)* Weith

*3. Date of Birth* Febry 4th

*4. Place of Birth (Street and Number)* 650 Donnell St. Canton

*5. Full Name of Mother* Dore Werner

*6. Mother's Maiden Name* Dore Zimmermann

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry & Werner

*9. Father's Occupation* Shuhmaker

*10. Father's Birthplace* Garmina

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Lucken

*Address* ~~[illegible]~~ Essex Street No 10

*Remarks* Henry & Werner

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16710

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) . 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 4th
4. Place of Birth (Street and Number) Towsend St extended
5. Full Name of Mother Jennie Brooks
6. Mother's Maiden Name James King
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. J. Brooks
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Geo W Ames

Address Cor Stricker & Prestman

Remarks

16711

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | February 4th 1877 |
| *4. Place of Birth (Street and Number)* | No 41 Perry St. |
| *5. Full Name of Mother* | Mary Armisteed |
| *6. Mother's Maiden Name* | Mary Brooks. |
| *7. Mother's Birthplace* | Anne Arundel co Md |
| *8. Full Name of Father* | Joseph A. Armstead |
| *9. Father's Occupation* | Barber. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Jane Winneberger |
| *Address* | 23 N. Leiberty St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16712

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eleventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 4th 1877
4. *Place of Birth (Street and Number)* 156 Druid Hill Ave
5. *Full Name of Mother* Elizabeth A. Young
6. *Mother's Maiden Name* Elizabeth A. Stitcher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H. Young
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16713

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

*No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c~~)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 4 Februar
4. *Place of Birth (Street and Number)* 302 Chorus Strit
5. *Full Name of Mother* Sophia Schröter
6. *Mother's Maiden Name* Sophia Cetzel
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Franz Schröter
9. *Father's Occupation* Kupfer
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strit

*Remarks*

***Direct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16711

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feby 4 - '77 |
| *4. Place of Birth (Street and Number)* | 178 N. Fremont |
| *5. Full Name of Mother* | Mary Elizabeth Lewis - Robinson |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Samuel Lewis |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis W. Knight M.D. |
| *Address* | 112 N. Greene |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Fees Record of Vital Statistics in the City of Baltimore.**

# RETURN OF A BIRTH.

16715

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | sixth |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 4th 1877. |
| *4. Place of Birth (Street and Number)* | 156 Hatton st. |
| *5. Full Name of Mother* | Pamelia L. Reiss. |
| *6. Mother's Maiden Name* | F. L. Frazer |
| *7. Mother's Birthplace* | Tyrone |
| *8. Full Name of Father* | John C. Reiss. |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Hessen Darmstadt |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophia Thomas |
| *Address* | 56 East St. |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Fee: Record of Vital Statistics in the City of Baltimore.**

# RETURN OF A BIRTH.

16716

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 4th February 1844 |
| *4. Place of Birth (Street and Number)* | 161 Battery Ave. Baltimore |
| *5. Full Name of Mother* | Mary Duncan Arbuckle |
| *6. Mother's Maiden Name* | Mary Duncan |
| *7. Mother's Birthplace* | Scotland |
| *8. Full Name of Father* | William Arbuckle |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Scotland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Miss Gilestine. Comng |
| *Address* | 181 Battery Avenue |
| *Remarks* | |

16717

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 4 of Febury 1877.
4. *Place of Birth (Street and Number)* No 1.26 Barrya st
5. *Full Name of Mother* Mary Rosfill
6. *Mother's Maiden Name* Mary Reichia
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Lenhard Rosfill
9. *Father's Occupation* a Clark
10. *Father's Birthplace* in Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Eigeldinger

*Address* No 14 Union st

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Cum 16718

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Child,

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Wite race,
3. *Date of Birth* the 4 of Febery 1877,
4. *Place of Birth (Street and Number)* No 2,06 Preston st,
5. *Full Name of Mother* Sizzia (~~Schnider,~~) Snyder
6. *Mother's Maiden Name* Sizzia (~~Reichling,~~) Rushling
7. *Mother's Birthplace* in Germeny.
8. *Full Name of Father* John (~~Schnider,~~) Snyder
9. *Father's Occupation* a Sigare maker
10. *Father's Birthplace* in Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Engeldinger

*Address* No 14 Union st

*Remarks* Name of child: Andrew Snyder

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16719

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five Children

1. Sex (state whether Male or Female) Last A Girl
2. Race or Color (if not of the white race) White
3. Date of Birth Born the 4 of February 1877
4. Place of Birth (Street and Number) 10 North Chappel St Washington St
5. Full Name of Mother Annie Robinson
6. Mother's Maiden Name Annie Cord
7. Mother's Birthplace Baltimore County
8. Full Name of Father John H. Cord
9. Father's Occupation Blacksmith
10. Father's Birthplace Pensylvania

Name of Medical Attendant, or other Person who makes this Return. Crest Crescentia Kunkel

Address 7 North Chappel St pr John Kunkel

Remarks Healthy

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16720

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 4. 1877.
4. *Place of Birth (Street and Number)* 94 St. Fremont st
5. *Full Name of Mother* Hester Myers
6. *Mother's Maiden Name* Adams
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Geo E. H. Myers
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Louis M Eastman

*Address* 349 Lee

*Remarks*

16721

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 4th of February 1877

*4. Place of Birth (Street and Number)* No 330 Hughes Street

*5. Full Name of Mother* Mrs Eliza Hessemire

*6. Mother's Maiden Name* Mrs Eliza Metzrich

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Mr Martin Hessemire

*9. Father's Occupation* Machinist

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Eliza Gottenkamp

*Address* No 573 West Lombard Street

*Remarks* Rough well

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16722

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Feb 5th 1877

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 4th a. 1877.
4. *Place of Birth (Street and Number)* 60, South Wolfe St.
5. *Full Name of Mother* Mary Baum.
6. *Mother's Maiden Name* Mary Gippich.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John C. Baum.
9. *Father's Occupation* Coachsmith
10. *Father's Birthplace* America.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. Amend.

*Address* No. 137 S. Wolfe St.

*Remarks* //

16723

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 4 Febr. 1877

*4. Place of Birth (Street and Number)* 29 S. Essex St.

*5. Full Name of Mother* Catharina Wissner

*6. Mother's Maiden Name* Catharina Ulsch

*7. Mother's Birthplace* Aestring Bav.

*8. Full Name of Father* Caspar Wissner

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. W. Leederer

*Address* 25 S. Durham St

*Remarks*

**Perfect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16794

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Februar 4 d. 1877 |
| *4. Place of Birth (Street and Number)* | 36 Orlien Stret |
| *5. Full Name of Mother* | Ana Breier |
| *6. Mother's Maiden Name* | Ana Gunte |
| *7. Mother's Birthplace* | Germane |
| *8. Full Name of Father* | Georg Breier |
| *9. Father's Occupation* | Gartner |
| *10. Father's Birthplace* | Germane |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Radiger |
| *Address* | 134 n. Bondstret |
| *Remarks* | |

16725

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 4th 1877
4. *Place of Birth (Street and Number)* No " Housers Court. Balto.
5. *Full Name of Mother* Kate Higgins
6. *Mother's Maiden Name* Kate Burns
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Thomas Higgins
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Irland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Ruth Ann Higgins

*Remarks* No. 368 Hanover Street.

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16726

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wife |
| *3. Date of Birth* | 4 of Febuare |
| *4. Place of Birth (Street and Number)* | Durst Ally No. 53 |
| *5. Full Name of Mother* | Ima Mack |
| *6. Mother's Maiden Name* | Ima Commons. |
| *7. Mother's Birthplace* | County Meth ~~Baltimore~~ |
| *8. Full Name of Father* | James Mack. |
| *9. Father's Occupation* | Labor. |
| *10. Father's Birthplace* | County Meath |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No. 128 |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16727

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 5 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 Children |
| 1. Sex (state whether Male or Female) | Male. |
| 2. Race or Color (if not of the white race) | Wit |
| 3. Date of Birth | 4 of February |
| 4. Place of Birth (Street and Number) | Corner Greenlee and Johnson Stock 20. |
| 5. Full Name of Mother | Mary Wine |
| 6. Mother's Maiden Name | Mary Elliot |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Frances Wine |
| 9. Father's Occupation | Labor |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Martin |
| Address | West St. Kaas |
| Remarks | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16728

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | in boltimor fanaly |
| *1. Sex (state whether Male or Female)* | they ther male in Boltimor |
| *2. Race or Color (if not of the white race)* | it is Wite race |
| *3. Date of Birth* | 5 felury 1877 |
| *4. Place of Birth (Street and Number)* | in Boltimor Chesterd St No |
| *5. Full Name of Mother* | kalin deeslof |
| *6. Mother's Maiden Name* | kaline vovsiler |
| *7. Mother's Birthplace* | in Los yes |
| *8. Full Name of Father* | josef vovsner |
| *9. Father's Occupation* | he is bergmaner |
| *10. Father's Birthplace* | in losyes sekend child |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Kuptush |
| *Address* | North Wishton St |
| *Remarks* | no 69 |

16729

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Sixth.

*1. Sex (state whether Male or Female)* Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 5th 1877

*4. Place of Birth (Street and Number)* 423 Eastern Avenue

*5. Full Name of Mother* Margareth Roth.

*6. Mother's Maiden Name* Margareth King.

*7. Mother's Birthplace* Lothringer

*8. Full Name of Father* John August Roth

*9. Father's Occupation* Moulder

*10. Father's Birthplace* Grosheinheim Grand Herzogthum

*Name of Medical Attendant,* or other Person who makes this Return. Dr E. Callenius. M.D.

*Address* 132 South High street Balt. Md

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16739

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feby 5th 1877 |
| *4. Place of Birth (Street and Number)* | 61 Lexington St |
| *5. Full Name of Mother* | Clara M Brown |
| *6. Mother's Maiden Name* | " " Milburn |
| *7. Mother's Birthplace* | St Mary Co Md |
| *8. Full Name of Father* | Felix E Brown |
| *9. Father's Occupation* | Dentist |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Reid MD |
| *Address* | 87 Mulberry St |
| *Remarks* | |

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16731

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 5th February |
| *4. Place of Birth (Street and Number)* | 269 Orleans Street |
| *5. Full Name of Mother* | Minna Brand |
| *6. Mother's Maiden Name* | Faust |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Wilhelm Brand |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Joseph Simon |
| *Address* | 2076 Granby Street |
| *Remarks* | |

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16732

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Brown Skine
3. Date of Birth February 5
4. Place of Birth (Street and Number) Dallass St No 25
5. Full Name of Mother Elisabeth Duffey
6. Mother's Maiden Name Elisabeth Jackson
7. Mother's Birthplace Md
8. Full Name of Father Edmund Duffey
9. Father's Occupation Drayman
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Alice Chattman

Address No 51 North Dallass St

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16733

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
18
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 5th 1877.
4. *Place of Birth (Street and Number)* No 364 Day St.
5. *Full Name of Mother* Mary Kahl.
6. *Mother's Maiden Name* Mary Holzner
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* John Kahl.
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dina Hillquist

*Address* No 182 E Lexington

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16734

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 5th 1877
4. Place of Birth (Street and Number) 56 Howard st Balto Md
5. Full Name of Mother Esther Johnson
6. Mother's Maiden Name Hughes
7. Mother's Birthplace Irland
8. Full Name of Father James Johnson
9. Father's Occupation Hack Driver
10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Meserzehy

Address 226 Preston st Balto

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16733

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 5-Th |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Feb. 5-Th 1877 |
| *4. Place of Birth* (Street and Number) | #346 W. Lombard St |
| *5. Full Name of Mother* | Mrs. Mary Shutter |
| *6. Mother's Maiden Name* | Mary Owings |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | William Henry Shutter |
| *9. Father's Occupation* | Mechanic |
| *10. Father's Birthplace* | Balto Co Md |
| *Name of Medical Attendant* or other Person who makes this Return. | J. Shelton Hill |
| *Address* | #432 W. Fayette St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16736

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
8
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) one mother one Child

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) of the Colord Race

3. Date of Birth Feb the 5. 18. 77

4. Place of Birth (Street and Number) Edon St 168

5. Full Name of Mother Sarah Vigons

6. Mother's Maiden Name Sarah Jackon

7. Mother's Birthplace Dorchesstor Co md

8. Full Name of Father Peter Vigons

9. Father's Occupation Laraman

10. Father's Birthplace West Virginia

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regesster Street 130 Baltimore

Remarks

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16737

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White,
3. Date of Birth Feby. 5th 1877.
4. Place of Birth (Street and Number) ~~[illegible]~~ Cor. Fayette & Holliday
5. Full Name of Mother Lizzie ~~[illegible]~~ Koors
6. Mother's Maiden Name Lizzie Fredericks,
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father ~~[illegible]~~ Wm. Koors
9. Father's Occupation Saloon Keeper,
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St. Baltimore, Md.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16738

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
10
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 10th.

*1. Sex (state whether Male or Female)* Female,

*2. Race or Color (if not of the white race)* White,

*3. Date of Birth* Feby. 5th 1877

*4. Place of Birth (Street and Number)* No. 155 Mosher St

*5. Full Name of Mother* Mary Albert

*6. Mother's Maiden Name* Mary Hoffmeier

*7. Mother's Birthplace* Baltimore, Md.

*8. Full Name of Father* Michael Albert

*9. Father's Occupation* Butcher,

*10. Father's Birthplace* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return. John Morris, M.D.

*Address* No. 5, Franklin St.

*Remarks* Face presentation; craniotomy performed

1/11.

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16739

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 5th 1877
4. Place of Birth (Street and Number) No 89 Cathedral St
5. Full Name of Mother Margaret Elizabeth Moale
6. Mother's Maiden Name Margaret Elizabeth Elder
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Moale
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Chatard M.D.

Address No 114 Park Ave.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16740

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 5th 1877
4. *Place of Birth (Street and Number)* No. 23 Vine St.
5. *Full Name of Mother* Annie Davis
6. *Mother's Maiden Name* Annie Young
7. *Mother's Birthplace* Talbot Co. Md
8. *Full Name of Father* Harrison Davis
9. *Father's Occupation* Grain Measurer
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 [redacted] Liberty St.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16741

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 5th Feb 1877

*4. Place of Birth (Street and Number)* No 112 E Fremont Street

*5. Full Name of Mother* Rosalie Strohmer

*6. Mother's Maiden Name* Rosalie Eff

*7. Mother's Birthplace* Orsbau Bayern

*8. Full Name of Father* Andreas Strohmer

*9. Father's Occupation* Shoe Maker

*10. Father's Birthplace* Lenzendorf-Bayern

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* No Name Given

*Remarks*

# RETURN OF A BIRTH.

16742

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPART
FEB
12
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 5th 1877
4. *Place of Birth (Street and Number)* Jackson Court No 1
5. *Full Name of Mother* Anna Mary Otto
6. *Mother's Maiden Name* Anna Mary Cook
7. *Mother's Birthplace* Sappensabbld. Kurhessen
8. *Full Name of Father* Simon. Otto
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Hundshassen. Kurhessen

*Name of Medical Attendant,* or other Person who makes this Return. Chas Dunker

*Address* 61 Shotte

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16743

HEALTH DEPARTMENT
FEB 12 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th. |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 5th 1877. |
| *4. Place of Birth (Street and Number)* | 20. Barnard St. |
| *5. Full Name of Mother* | Mary Klingmeyer |
| *6. Mother's Maiden Name* | M. Tiemeyer |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | William Klingmeyer |
| *9. Father's Occupation* | Box maker |
| *10. Father's Birthplace* | Hanover Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

# RETURN OF A BIRTH.

16744

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 7
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Br

3. *Date of Birth* Feb 6 1877

4. *Place of Birth* (Street and Number) 27 Clinton Av.

5. *Full Name of Mother* Annie Lennette

6. *Mother's Maiden Name* Ames

7. *Mother's Birthplace* Massachusetts

8. *Full Name of Father* Thomas Nelson

9. *Father's Occupation* U.S. Navy

10. *Father's Birthplace* At Sea.

*Name of Medical Attendant,* or other Person who makes this Return. Dr N P Morgan

*Address* 175 Saratoga St.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16745

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th February
4. *Place of Birth (Street and Number)* 100 Calvert St
5. *Full Name of Mother* Aloisia Wohrna
6. *Mother's Maiden Name* " " Rysanek
7. *Mother's Birthplace* Janovitz
8. *Full Name of Father* Wenzel Wohrna
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Nekomuk

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 1020 Barnes St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16746

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 7 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth February the 5, 1877
4. Place of Birth (Street and Number) Eastern Av. No 251.
5. Full Name of Mother Meda Schaefer
6. Mother's Maiden Name Meda Reeb.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Conrad Schaefer
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16747

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White race
3. Date of Birth 4 ~~5~~ 2 of Febeury, 1879
4. Place of Birth (Street and Number) No 21 Union st
5. Full Name of Mother Sofphia Richling,
6. Mother's Maiden Name Sofphia Keler,
7. Mother's Birthplace in Baltimore
8. Full Name of Father Caspear Richling
9. Father's Occupation a Siggar maker
10. Father's Birthplace in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

No. 16748

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** Feb. 5th 1877

HEALTH DEPARTMENT 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb 5th 1877
4. Place of Birth (Street and Number) 136 Pratt St.
5. Full Name of Mother Katie Annie Putch.
6. Mother's Maiden Name Katie Annie Schreiber.
7. Mother's Birthplace Germania
8. Full Name of Father George Putch.
9. Father's Occupation Barber.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 Wolfe St.

Remarks

16749

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
17
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 3d 1877 |
| *4. Place of Birth (Street and Number)* | 33 Port st |
| *5. Full Name of Mother* | Anna Hohenstein |
| *6. Mother's Maiden Name* | Steinbauer |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Mr Hohenstein |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Buchmann |
| *Address* | 120 Bank st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16750

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1897 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | Feby 5th 1897 |
| 4. *Place of Birth* (Street and Number) | 1952 N Fremont |
| 5. *Full Name of Mother* | Mary Smith |
| 6. *Mother's Maiden Name* | Mary Conway |
| 7. *Mother's Birthplace* | Massachusetts |
| 8. *Full Name of Father* | Lazen Smith |
| 9. *Father's Occupation* | Spinner |
| 10. *Father's Birthplace* | Massachusetts |
| *Name of Medical Attendant*, or other Person who makes this Return. | Theodore Cotto M.D. |
| *Address* | 146 W. Hamburg St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16751

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
9
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 6th 1877.
4. *Place of Birth* (Street and Number) No. 146 Sterling St.
5. *Full Name of Mother* Elisabeth Josephine Funk.
6. *Mother's Maiden Name* Haselman
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Edward H. Funk.
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant*, or other Person who makes this Return. Francis H. Saunders

*Address* S. E. Cor. Jefferson St. & Central Ave.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16752

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* (Female) Male - Ludwig H. Miller
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 February
4. *Place of Birth (Street and Number)* 353 Orlin Street
5. *Full Name of Mother* Helene Miller
6. *Mother's Maiden Name* Arnott
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Miller
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 78 Granby Street

*Remarks* Ludwig H Miller

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16753

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* M

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* Feby 6th 1877

*4. Place of Birth (Street and Number)* 229 Harford Av.

*5. Full Name of Mother* Florence Savage

*6. Mother's Maiden Name* Florence Roberts

*7. Mother's Birthplace*

*8. Full Name of Father* M. E. Savage

*9. Father's Occupation* Brakesman

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Chas M. Moffet M.D.

*Address* 84 East Balto St.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16754

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT 19 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth February 6th 1877
4. Place of Birth (Street and Number) 18 Cary st Balti Md
5. Full Name of Mother Annia ~~[illegible]~~ Goldenstien
6. Mother's Maiden Name Annia Bietz
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Goldenstien
9. Father's Occupation Plumber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annia Meserzehl

Address 220 Preston st Bal

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16755

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | first child |
| 1. Sex (state whether Male or Female) | female |
| 2. Race or Color (if not of the white race) | colored |
| 3. Date of Birth | fifth isnt |
| 4. Place of Birth (Street and Number) | no 123 york st |
| 5. Full Name of Mother | mary jane plumber |
| 6. Mother's Maiden Name | mary jane jones |
| 7. Mother's Birthplace | baltimore |
| 8. Full Name of Father | D plumber |
| 9. Father's Occupation | labour |
| 10. Father's Birthplace | baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | mrs Lydia Porter |
| Address | no 4 patps coarimo |
| Remarks | helthy child |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16756

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | February 6th 1877 |
| *4. Place of Birth (Street and Number)* | No 9 Tyson alley |
| *5. Full Name of Mother* | Mildred Thompson |
| *6. Mother's Maiden Name* | Mildred Williams |
| *7. Mother's Birthplace* | Fredericksburg Va. |
| *8. Full Name of Father* | Eliphus Thompson |
| *9. Father's Occupation* | Stevedore |
| *10. Father's Birthplace* | Washington D.C. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Jane Timmeberger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16757

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 6 February |
| *4. Place of Birth (Street and Number)* | 124 Holliday St |
| *5. Full Name of Mother* | Catharine Thelly |
| *6. Mother's Maiden Name* | Broderick |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Thelly |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16758

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 12 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Ind Child 4 male 2 female

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Febaury the 6
4. Place of Birth (Street and Number) No 44 St. Schroder. St
5. Full Name of Mother Sarh Braun
6. Mother's Maiden Name Sarh Schading
7. Mother's Birthplace York Pa
8. Full Name of Father Paul Braun
9. Father's Occupation Shouse Maker
10. Father's Birthplace Geramene

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dumler 10 Schorter

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16759

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7 Child |
| *1. Sex (state whether Male or Female)* | Male Child |
| *2. Race or Color (if not of the white race)* | Brown skin |
| *3. Date of Birth* | 6 of Febry |
| *4. Place of Birth (Street and Number)* | Watson st No 109 |
| *5. Full Name of Mother* | Vilade Banks |
| *6. Mother's Maiden Name* | Vilade Slocum |
| *7. Mother's Birthplace* | Easton Shore |
| *8. Full Name of Father* | Williams Banks |
| *9. Father's Occupation* | Porter in a Store |
| *10. Father's Birthplace* | Easton Shore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mid wife Harriet Britt |
| *Address* | No 89 Mulberry st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16760

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 6 Feb 1877 |
| *4. Place of Birth (Street and Number)* | 256 Pratt St. |
| *5. Full Name of Mother* | Lizzie Shivar |
| *6. Mother's Maiden Name* | Mitchell |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | Peter Shivar |
| *9. Father's Occupation* | Bark |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sarah Caspar for Dr. |
| *Address* | 52 E. Lombard St |
| *Remarks* | |

***Correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, in writing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar a within six days thereafter, stating distinctly the date of birth, sex, and color of the child or c born, its or their physical condition, whether still born or not, the full name, nativity, and re of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 6 1877
4. Place of Birth (Street and Number) No 37 Bathurst St
5. Full Name of Mother Laura Trader
6. Mother's Maiden Name " Seeger
7. Mother's Birthplace Somerset Co Md
8. Full Name of Father Thos H Trader
9. Father's Occupation Merchant
10. Father's Birthplace Wyoming Co Md

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 23 Franklin St Balto

Remarks

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

16761

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second child

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feby 6 1877

*4. Place of Birth (Street and Number)* No 37 Calhoun St

*5. Full Name of Mother* Laura Trader

*6. Mother's Maiden Name* " Seeger

*7. Mother's Birthplace* Somerset Co Md

*8. Full Name of Father* Thos H Trader

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Wyoming Co Pa

*Name of Medical Attendant,* or other Person who makes this Return. J H Pullman M D

*Address* 23 Franklin St Balto

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar a within six days thereafter, stating distinctly the date of birth, sex, and color of the child or c born, its or their physical condition, whether still born or not, the full name, nativity, and re of the parents, and the maiden name of the mother of such child or children.

16762

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | No 1 McElderry St |
| *4. Place of Birth (Street and Number)* | 6 February |
| *5. Full Name of Mother* | Ida Galese |
| *6. Mother's Maiden Name* | Lyle |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Patrick Galese |
| *9. Father's Occupation* | Junk Shop |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16763

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb 1
4. *Place of Birth (Street and Number)* 15 Short st
5. *Full Name of Mother* Sarah grant
6. *Mother's Maiden Name* Sarah hubbard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank grant
9. *Father's Occupation* labor
10. *Father's Birthplace* Talbert

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* No 32 Short st

*Remarks* healthy Child

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16764

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** Baltimore feb

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5 Children

1. Sex (state whether Male or Female) Colarde
2. Race or Color (if not of the white race)
3. Date of Birth 4 of feb
4. Place of Birth (Street and Number) west St no 210
5. Full Name of Mother Virginia Charlotte pites
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father George C Nelson
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Misses Knight

Address No. 234

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16765

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

23 1877

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Sha Baltimore Feb No

1. Sex (state whether Male or Female) A boye
2. Race or Color (if not of the white race) Colarde
3. Date of Birth 6 febeary 203
4. Place of Birth (Street and Number) Harde Hamebarge St no
5. Full Name of Mother Sharlet Colin Nelson Mason
6. Mother's Maiden Name
7. Mother's Birthplace of Baltimore
8. Full Name of Father Frank Mason
9. Father's Occupation a Grone Runer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Misses Lugh No 234

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
9
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16767

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
9
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 7th Februar
4. *Place of Birth* (Street and Number) 47 Portland Str
5. *Full Name of Mother* Mary Simon
6. *Mother's Maiden Name* Mary Mohle
7. *Mother's Birthplace* Grosen Busek Hessen
8. *Full Name of Father* John Simon
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace* Gudensberg Kurhessen

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Fisher

*Address* No 11 S. Eutaw Str.

*Remarks*

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16768

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the White race)
3. Date of Birth February 4th 1877
4. Place of Birth (Street and Number) 83 Milbury St
5. Full Name of Mother Sarah A Mordecai
6. Mother's Maiden Name Sarah A Donovan
7. Mother's Birthplace Georgetown, Delaware
8. Full Name of Father Henry F Mordecai
9. Father's Occupation Clerk
10. Father's Birthplace Wilkesbarre Pa

Name of Medical Attendant, or other Person who makes this Return. Saml F Powell MD

Address No 29 Aisquith St

Remarks

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16769

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) lighte B Skine
3. Date of Birth febuary 7
4. Place of Birth (Street and Number) Smiths counte
5. Full Name of Mother Jane morgane
6. Mother's Maiden Name Jane Neile
7. Mother's Birthplace Md
8. Full Name of Father James L Neile
9. Father's Occupation Labour
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Alice Chatman

Address No 51 N Dallass St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16770

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
13
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3 the |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February the 7. |
| *4. Place of Birth (Street and Number)* | Harrison Str. 38. |
| *5. Full Name of Mother* | Line Friedenberg |
| *6. Mother's Maiden Name* | Nachmann |
| *7. Mother's Birthplace* | Poland |
| *8. Full Name of Father* | Harris Friedenberg |
| *9. Father's Occupation* | Schoemaker |
| *10. Father's Birthplace* | Poland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Cäcilie Bernstein |
| *Address* | E. Lombard str. 113. |
| *Remarks* | |

16771

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
F 8
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

*1. Sex (state whether Male or Female)* Last A Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Born the 7th of February 1877

*4. Place of Birth (Street and Number)* 309 North Macaulay st

*5. Full Name of Mother* Ziztma Hovert

*6. Mother's Maiden Name* Ziztma Brien

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* William Brien

*9. Father's Occupation* Steam Filler

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 71 North Chappel st pr John Kunkel

*Remarks* Healthy

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16772

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 7th

*4. Place of Birth (Street and Number)* 378 N. Stricker St

*5. Full Name of Mother* Sarah Gray

*6. Mother's Maiden Name* Sarah Smith

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* J. Gray

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dr Geo W. Mines

*Address* Carstricker & Preston

*Remarks*

# RETURN OF A BIRTH.

16773

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 8 |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | February 7 |
| 4. *Place of Birth* (Street and Number) | 102 Hamburg St |
| 5. *Full Name of Mother* | Francis Nickols |
| 6. *Mother's Maiden Name* | Francis Hubbard |
| 7. *Mother's Birthplace* | Tobacco stick |
| 8. *Full Name of Father* | John. Nickols |
| 9. *Father's Occupation* | Caulker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | M.D. Mrs M. R Caskey |
| *Address* | 184 Hamburg St |
| *Remarks* | All is Well |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16774

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3 d |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | Feb. 7th 1877 |
| 4. *Place of Birth* (Street and Number) | No. 4 Sibbitts Court |
| 5. *Full Name of Mother* | Mary A. Neal |
| 6. *Mother's Maiden Name* | Mary A. Fowler |
| 7. *Mother's Birthplace* | St. Mary's Co. Md. |
| 8. *Full Name of Father* | Isaac Wm. Neal |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | St. Mary's Co. Md. |
| *Name of Medical Attendant*, or other Person who makes this Return. | G. Lawson Wilkins M.D. |
| *Address* | 77 So. Broadway |
| *Remarks* | Instrumental Delivery |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16775

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 8 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 7 Feb. 1877 |
| *4. Place of Birth (Street and Number)* | Point Lane near Hazelhurst Road |
| *5. Full Name of Mother* | Katharina Mayfort |
| *6. Mother's Maiden Name* | Kneefer |
| *7. Mother's Birthplace* | Germanny |
| *8. Full Name of Father* | Martin Mayfort |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Germanny |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gertraud Miller |
| *Address* | 151 E Ruth st |
| *Remarks* | |

16776

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* [illegible]

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* Annie Mary

*6. Mother's Maiden Name* Meyer

*7. Mother's Birthplace* Bremen Germany

*8. Full Name of Father* Herman Frederick Radeke

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Bremen Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Anna Dunter 60 [illegible] Schoole

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 14 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Febury 7 — 1877
4. *Place of Birth (Street and Number)* Ramsay St 41
5. *Full Name of Mother* Ellen Fitchgerdels
6. *Mother's Maiden Name* Welsh
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Fitchgerdels
9. *Father's Occupation* labour
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Jane Mercer

*Address* — 136 McHenry St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16778

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 16 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February the 7th 1877

*4. Place of Birth (Street and Number)* No 8 Chapel Street near Hoffman

*5. Full Name of Mother* Mary White

*6. Mother's Maiden Name* Mary Davis

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* John White

*9. Father's Occupation* Tobacco Warehouse

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Bath Cement St.

*Address* No 181 N. Central Avenue 3 Cross South Home

*Remarks* All Favorable

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16779

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 16 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 7th 1877

*4. Place of Birth (Street and Number)* No. 223 E. Durham Street.

*5. Full Name of Mother* Mary Moore

*6. Mother's Maiden Name* Mary Welch

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Jake Moore

*9. Father's Occupation* Unknown

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No. 181 N. Central Avenue 2 doors South

*Remarks* Both Well. (Germany)

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16789

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Febr. 7th 1877

*4. Place of Birth (Street and Number)* Clinton St. Canton Pr. of Ex. Ing.

*5. Full Name of Mother* Mary Elisabeth Spengler

*6. Mother's Maiden Name* Mary Elisabeth Lenz

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* Andrew Spengler

*9. Father's Occupation* Stevedor

*10. Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* M. Leeders

*Remarks* 25 S. Durham St

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16781

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth Child. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White Race |
| *3. Date of Birth* | Saturday Night Febry 3rd 1877 |
| *4. Place of Birth (Street and Number)* | S.W. Corner Chas & Constitution Sts, |
| *5. Full Name of Mother* | Eliza Ridgeway, |
| *6. Mother's Maiden Name* | Eliza Elkinton |
| *7. Mother's Birthplace* | Salem, N. Jersey. |
| *8. Full Name of Father* | John B. Ridgeway, |
| *9. Father's Occupation* | Conductor B. & P. R. R. |
| *10. Father's Birthplace* | Lawson St. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wilmer Brinton M.D. |
| *Address* | Office # 20½ Greenmount Av, Residence Forest Place & Chas St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16782

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
8
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 / Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 7th of Febury 1877
4. *Place of Birth (Street and Number)* No 3. 81 Fienkling st.
5. *Full Name of Mother* Leaviesa Schultz,
6. *Mother's Maiden Name* Leaviesa Leneaid,
7. *Mother's Birthplace is* Baltimore,
8. *Full Name of Father* Ameale Schultz,
9. *Father's Occupation a* Baker,
10. *Father's Birthplace is* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Teresa Eizeldinger

*Address* No 14 Maiver st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16783

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth February the 7. 1877
4. Place of Birth (Street and Number) N. Bond St. No. 29.
5. Full Name of Mother Karolina V. Adams
6. Mother's Maiden Name Karolina V. Holt
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samuel Adams
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harry E. Muller

Address N. Dallas St. No. 26.

Remarks

**...Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16784

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d ins

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* Feby 7 1877

*4. Place of Birth (Street and Number)* Brady corner of Fort Balto

*5. Full Name of Mother* Marilla Tucker

*6. Mother's Maiden Name* " Armacost

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* Robert Tucker

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J. H. Patterson M.D.

*Address* Franklin Balto Md

*Remarks*

# RETURN OF A BIRTH.

16785

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feby 7th. 1877 |
| *4. Place of Birth (Street and Number)* | 50½ S. Broadway (51½ on the door but the Nos. wrong) |
| *5. Full Name of Mother* | Lucy Abrahams Cattical |
| *6. Mother's Maiden Name* | Abrahams |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Asbury Rossel Cattical |
| *9. Father's Occupation* | Insurance Agent |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elias C Price M.D. |
| *Address* | 262 Madison Ave |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16786

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 8th 1877
4. Place of Birth (Street and Number) 3 Pleasent st Balto
5. Full Name of Mother Margareth Jackson
6. Mother's Maiden Name = Poulson
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Jackson
9. Father's Occupation Hack Driver
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annia Mesenzeh

Address 22 Preston st Balto

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16787

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** Feb 9th 1877

HEALTH DEPARTMENT
FEB
10
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb 8th 1877.
4. *Place of Birth (Street and Number)* No 134 S. Carolina St.
5. *Full Name of Mother* Maggie Garies
6. *Mother's Maiden Name* Maggie Miller.
7. *Mother's Birthplace* America
8. *Full Name of Father* Charles Henry Garies.
9. *Father's Occupation* Barber.
10. *Father's Birthplace* America.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Amanda

*Address* No 137 Wolfe St.

*Remarks* —

16788

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** Feb 9th 1877

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb 8th 1877.
4. Place of Birth (Street and Number) 97 Thames St
5. Full Name of Mother Mary Sggaj
6. Mother's Maiden Name Mary Kordonka
7. Mother's Birthplace Germania.
8. Full Name of Father Michel Sggaj
9. Father's Occupation Laborer.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16789

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 Chile

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) ~~5 Oclock on Feby 1877~~
3. Date of Birth 4 5 Oclock 8 Feby 1877
4. Place of Birth (Street and Number) 92 Franklin St
5. Full Name of Mother Lizey Shade
6. Mother's Maiden Name Lizey Hile
7. Mother's Birthplace Germey
8. Full Name of Father John Shade
9. Father's Occupation Oyster Dealer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mr Sommerfeld

Address 92 Franklin St

Remarks Sommerfeld

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who, shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16790

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 8th
4. Place of Birth (Street and Number) 699 Penna Ave
5. Full Name of Mother Lizzie Whiteley
6. Mother's Maiden Name " Oerhl
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas Whiteley
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Geo W Norris

Address Cor Stigler & Preston

Remarks

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16791

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 8 —
4. *Place of Birth (Street and Number)* Eastern Avenue
5. *Full Name of Mother* Mrs Michael Neary
6. *Mother's Maiden Name* Miss Kate Kane
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Mr Michael Neary
9. *Father's Occupation* Brass-Moulder
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. William Lee M.D

*Address* Eutaw St + Hoffman

*Remarks*

---

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
14
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 of Febury 1877
4. *Place of Birth (Street and Number)* 48 Chapert St
5. *Full Name of Mother* Elisabeth Lemmerman
6. *Mother's Maiden Name* Scot
7. *Mother's Birthplace* Germeney
8. *Full Name of Father* William Lemmerman
9. *Father's Occupation* Hackdriver
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Jane Mercer

*Address* 136 McHenry St

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16793

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Februar 8 d. 1877 |
| *4. Place of Birth (Street and Number)* | 292 Central ave. |
| *5. Full Name of Mother* | Regina Flatum |
| *6. Mother's Maiden Name* | R Miller |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Philip Flatum |
| *9. Father's Occupation* | Roller |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Rudiger |
| *Address* | 134 N. Bondstreet |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

167911

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fifth the 8 1877

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* Born 8 of February

*4. Place of Birth (Street and Number)* No 41 Gilmore St

*5. Full Name of Mother* Mollie Boston

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Prince George County Md

*8. Full Name of Father* Daniel Boston

*9. Father's Occupation* Hodcarry

*10. Father's Birthplace* West Kiver

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Martin Moody

*Address*

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16795

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8th Febuary |
| *4. Place of Birth (Street and Number)* | Charles st No 59 |
| *5. Full Name of Mother* | Mary ~~Higgin~~ Barker |
| *6. Mother's Maiden Name* | Mary ~~Barker~~ Higgin |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wesley barker |
| *9. Father's Occupation* | Coopper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary E Anderson |
| *Address* | No 72 hamburg st |
| *Remarks* | both doing Well at present |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16796

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 8th 77 |
| *4. Place of Birth (Street and Number)* | 282 E. Monument St |
| *5. Full Name of Mother* | M. Runne |
| *6. Mother's Maiden Name* | Cutler |
| *7. Mother's Birthplace* | St Louis Mo |
| *8. Full Name of Father* | Patrick J. McKenna |
| *9. Father's Occupation* | Bookkeeper |
| *10. Father's Birthplace* | ~~Baltimore~~ Richmond Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. L. Linsley M.D |
| *Address* | 154 Park ave |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16797

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 8th 1877 |
| *4. Place of Birth (Street and Number)* | No 434 Canton ave |
| *5. Full Name of Mother* | Anna Bernstein |
| *6. Mother's Maiden Name* | " Radel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Bernstein |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bustmann |
| *Address* | 120 Banks str. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16798

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 8. 1877
4. *Place of Birth (Street and Number)* Hampstead St. No. 87
5. *Full Name of Mother* Anne O'Niel
6. *Mother's Maiden Name* Anne Mooney
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Mathews O'Niel
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16799

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8th February |
| *4. Place of Birth (Street and Number)* | No 90 Lemon st |
| *5. Full Name of Mother* | Ellen A. Bosley |
| *6. Mother's Maiden Name* | Ellen A. Madden |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | William G. Bosley |
| *9. Father's Occupation* | Street Hoister |
| *10. Father's Birthplace* | Howard County Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary P. Lemon |
| *Address* | No 380 N. McHenry St |
| *Remarks* | Strong Healthy Child |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16800

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 8th
4. Place of Birth (Street and Number) Church St
5. Full Name of Mother Rocksy Baily
6. Mother's Maiden Name Rocksy Ewell
7. Mother's Birthplace Maryland
8. Full Name of Father Williams Baily
9. Father's Occupation Brick Maker
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Sarah Lassco

Address No 224, Hughes St

Remarks [illegible]

[illegible]

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16801

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
13
1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st 1 1

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Feby 9th

*4. Place of Birth (Street and Number)* Belvidere

*5. Full Name of Mother* Barbara Brown

*6. Mother's Maiden Name* Barbara Funk

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Jno Chas Brown

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16802

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 9th

*4. Place of Birth (Street and Number)* No 35 S. Bethel st

*5. Full Name of Mother* Mary Weisner

*6. Mother's Maiden Name* " Womble

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Albert Womble

*9. Father's Occupation* Cigarmaker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Getzke

*Address* 575 S. Bond st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16803

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* Colarde

*3. Date of Birth* feb 9

*4. Place of Birth (Street and Number)* 273 Chapel st

*5. Full Name of Mother* Ellen Carson

*6. Mother's Maiden Name* Ellen Brayer

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Ban Carson

*9. Father's Occupation* labor

*10. Father's Birthplace* Talbert co Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear Johnson

*Address* no 32 Hart

*Remarks* Healthy Child

HEALTH DEPARTMENT BALTIMORE

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16804

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one mather one Child

1. *Sex* (state whether Male or Female) female Child
2. *Race or Color* (if not of the white race) of the Colord Race
3. *Date of Birth* Febuary the 9 1877
4. *Place of Birth* (Street and Number) Bethel St 128
5. *Full Name of Mother* Partha Ann Johnson
6. *Mother's Maiden Name* Partha Ann Landres
7. *Mother's Birthplace* Dorchestor Co md
8. *Full Name of Father* Jeremiah Johnson
9. *Father's Occupation* Labor
10. *Father's Birthplace* West Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Eagleser Street 130 Baltimore

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16806

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 9th 1877
4. Place of Birth (Street and Number) 7 S. Oregon St.
5. Full Name of Mother Mary Ellen Waltemyer
6. Mother's Maiden Name " " Chance
7. Mother's Birthplace Balto Md
8. Full Name of Father John Waltemyer
9. Father's Occupation Mechanic
10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer

Address 379 W. Lombard St

Remarks

# RETURN OF A BIRTH.

16806

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 9 1877
4. *Place of Birth (Street and Number)* No 617 Gay Street
5. *Full Name of Mother* Caroline Hinkain
6. *Mother's Maiden Name* Caroline Hiland.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J Hinkain.
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena Kellogg

*Address* No 162 E Monument.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16507

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | second Child |
| *1. Sex (state whether Male or Female)* | male Child |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | ninth 9th of February 1877 |
| *4. Place of Birth (Street and Number)* | 201 South Chester Street |
| *5. Full Name of Mother* | Mary Elizabeth Lambdin |
| *6. Mother's Maiden Name* | Mary Elizabeth Friedrich |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Henry Francis Lambdin |
| *9. Father's Occupation* | Processer |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louisa Wiley |
| *Address* | No 12 Paterson Park Avenue |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16808

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9 of February
4. Place of Birth (Street and Number) Leadenhall St No. 28
5. Full Name of Mother Jennie Francis Schaub
6. Mother's Maiden Name Jennie Francis Knapp
7. Mother's Birthplace Baltimore
8. Full Name of Father William Schaub
9. Father's Occupation Shoemaker
10. Father's Birthplace Hessen Cassel Germany

Name of Medical Attendant, or other Person who makes this Return

Address Miss. M. Strong

Remarks No 32. Leadenhall Street

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16809

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
14
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | One |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | February 9th 1877 |
| 4. *Place of Birth* (Street and Number) | No 55 Holly Street |
| 5. *Full Name of Mother* | Mary Duncan |
| 6. *Mother's Maiden Name* | Mary Young |
| 7. *Mother's Birthplace* | Baltimore City |
| 8. *Full Name of Father* | Richard Duncan |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant*, or other Person who makes this Return. | Lavica Layton |
| *Address* | No 111 South Dallas Street |
| *Remarks* | |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

No. 16810

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Februar 9 d. 1877 |
| *4. Place of Birth (Street and Number)* | 207 N. Dallas St |
| *5. Full Name of Mother* | Luise Reinhard |
| *6. Mother's Maiden Name* | L. Kolb |
| *7. Mother's Birthplace* | Baltimor |
| *8. Full Name of Father* | Lorenz Reinhard |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr R. Rudiger |
| *Address* | 134 N. Bond Stat. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16811

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
13
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 9th 1877 |
| *4. Place of Birth (Street and Number)* | No 218 Division St |
| *5. Full Name of Mother* | Mary Elizabeth Russell |
| *6. Mother's Maiden Name* | Mary Elizabeth Snyder |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Hamilton Russell |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. L. Bovie M.D. |
| *Address* | No 1 Edmondson Ave |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16812

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 12 1897
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 9th January

*4. Place of Birth (Street and Number)* Randal Street No 29

*5. Full Name of Mother* Anna Wheeler

*6. Mother's Maiden Name* Anna conder

*7. Mother's Birthplace*

*8. Full Name of Father* William Wheeler

*9. Father's Occupation* oysterman

*10. Father's Birthplace* Baltimore M D

*Name of Medical Attendant, or other Person who makes this Return.* Mary E Anderson

*Address* hamburg Street No 92

*Remarks* both Doing well at present

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16818

# RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5 Child

*1. Sex (state whether Male or Female)* " " " " Male

*2. Race or Color (if not of the white race)* " " " " White

*3. Date of Birth* Thursday Feb 9th

*4. Place of Birth (Street and Number)* Baltimore Gillings st 49

*5. Full Name of Mother* Mary Elizabeth Bathell

*6. Mother's Maiden Name* " " " " Hodges

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Joseph Bathell

*9. Father's Occupation* Captain of Schooner

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Conway

*Address*

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16814

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 8 child

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 9th
4. *Place of Birth* (Street and Number) 66 Rose St
5. *Full Name of Mother* mary Webb
6. *Mother's Maiden Name* mary Lynch
7. *Mother's Birthplace* Talbot co
8. *Full Name of Father* William Webb
9. *Father's Occupation* bote builder
10. *Father's Birthplace* talbot co

*Name of Medical Attendant,* or other Person who makes this Return. Rachel Garrett

*Address* 422 aliceanna St

*Remarks*

16813

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
12
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb. 9th
4. *Place of Birth* (Street and Number) 265 St Paul St
5. *Full Name of Mother* Maria Basem Albert
6. *Mother's Maiden Name* Maria Nicholas Basem
7. *Mother's Birthplace* Owingsville Kentucky
8. *Full Name of Father* Charles Albert
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Dr Charles Albert

*Address* 265 St Paul St

*Remarks*

---

***Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16816

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 9th 1877 |
| *4. Place of Birth (Street and Number)* | 68 Duncan Alley |
| *5. Full Name of Mother* | Emma Dust |
| *6. Mother's Maiden Name* | " Koenigkrammel |
| *7. Mother's Birthplace* | city |
| *8. Full Name of Father* | Con. Dast |
| *9. Father's Occupation* | Puddler |
| *10. Father's Birthplace* | Englands |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs D Buschmann |
| *Address* | 120 Bank str. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16815

HEALTH DEPARTMENT
FEB
17
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) | 6 |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | |
| 3. *Date of Birth* | Feb 4th 1877 |
| 4. *Place of Birth* (Street and Number) | 126 Granby st |
| 5. *Full Name of Mother* | Maggeroth Edom |
| 6. *Mother's Maiden Name* | " Frey |
| 7. *Mother's Birthplace* | City |
| 8. *Full Name of Father* | Wm Edom |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bushmann |
| *Address* | 120 Banks str |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16818

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 The First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born february 9th 1877
4. Place of Birth (Street and Number) No 2 Brunk Ally Low Street Balto
5. Full Name of Mother Georgianna Smith
6. Mother's Maiden Name Georgianna Green
7. Mother's Birthplace Montgomery County Maryland
8. Full Name of Father Alexander Smith
9. Father's Occupation Labour
10. Father's Birthplace Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sophia Hinks

Address No 135 Chesnut St. Baltimore Md

Remarks

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16819

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
26
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 9th 1877 |
| *4. Place of Birth (Street and Number)* | No 134 N Charles |
| *5. Full Name of Mother* | Louisa Rush |
| *6. Mother's Maiden Name* | Louisa Bordon |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Murray Rush |
| *9. Father's Occupation* | Lawyer (resides in Phila) |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Riggin Buckler |
| *Address* | 135 N Charles St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16829

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 1. 2d Feb 1877.
4. *Place of Birth (Street and Number)* 156 Cross St.
5. *Full Name of Mother* Mary Hearl
6. *Mother's Maiden Name* Mary Bum
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Hearl
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Katherine Horne

*Address* No 23. Elizabeth Lane

*Remarks*

---

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16821

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 11th 1877 |
| *4. Place of Birth (Street and Number)* | No 214 S Bethel sto |
| *5. Full Name of Mother* | Francis Robinson |
| *6. Mother's Maiden Name* | " Klug |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Monnoway Robinson |
| *9. Father's Occupation* | Ferryman |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs S Bushmann |
| *Address* | 120 Barbara str. |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16822

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male Worker, Jim
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 10. 1877
4. Place of Birth (Street and Number) 168 German St
5. Full Name of Mother Sarah Merritt
6. Mother's Maiden Name née Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Gabriel Merritt
9. Father's Occupation Seaman
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 209 W. Biddle St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16823

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
14
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb 10th
4. *Place of Birth* (Street and Number) 110 Register St
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary E Gorsuch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Curtis
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Mrs Foot

*Address*

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

168244

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 6th child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | february the 10th 1877 |
| *4. Place of Birth (Street and Number)* | No 8 east 4 Street |
| *5. Full Name of Mother* | Kate Snyder Syener |
| *6. Mother's Maiden Name* | Kate Snyder |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | David Syener |
| *9. Father's Occupation* | laborer |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary E Simms |
| *Address* | No 178 Calhoun Street |
| *Remarks* | |

# RETURN OF A BIRTH.

168225

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 4th child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | february the 10th 1877 |
| *4. Place of Birth (Street and Number)* | No 2 Portugal Alley |
| *5. Full Name of Mother* | yertmore Virgil lang |
| *6. Mother's Maiden Name* | yertmore Virgil |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Joseph lang |
| *9. Father's Occupation* | Tanner |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary L Simms |
| *Address* | No 178 Chapel Street |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16896

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 4th.

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 10 Feb 1877
4. *Place of Birth* (*Street and Number*) No 7 Hughes
5. *Full Name of Mother* Lizzie Lehnhard
6. *Mother's Maiden Name* Lizzie Forschl
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Lehnhard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Catherine Horner

*Address* No 29 Elizabeth Lane

*Remarks*

# RETURN OF A BIRTH.

168927

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1870 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3 Child (colored) |
| 1. *Sex* (state whether Male or Female) | Male Child Colored |
| 2. *Race or Color* (if not of the white race) | Colored Child |
| 3. *Date of Birth* | Born on the 10 Feby 1870 |
| 4. *Place of Birth* (Street and Number) | No 5 Lofmon Court |
| 5. *Full Name of Mother* | Elisia Stokes |
| 6. *Mother's Maiden Name* | + |
| 7. *Mother's Birthplace* | Port Deposit |
| 8. *Full Name of Father* | + |
| 9. *Father's Occupation* | x |
| 10. *Father's Birthplace* | + |
| *Name of Medical Attendant,* or other Person who makes this Return. | Marion Jackson |
| *Address* | No 97 Belmont Street |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16825

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
24
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether ~~Male~~ or *Female*)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Feb. 10th 1877
4. *Place of Birth* (Street and Number) 247 Linden Av.
5. *Full Name of Mother* Mary E. Baker
6. *Mother's Maiden Name* Mary E. Whitely
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E. Baker
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dr. W. B. Griffith

*Address* 50 McCulloh St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16829

*To the Office of Registrar of Vital Statistics, Board of Health*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 20 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 February
4. *Place of Birth (Street and Number)* 15 Easton Ave
5. *Full Name of Mother* Barbara Bittner
6. *Mother's Maiden Name* Feller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Bittner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon
*Address* No 70 Granby Street
*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16830

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 10th 1877 |
| *4. Place of Birth (Street and Number)* | N Gilmor near home, not numbered |
| *5. Full Name of Mother* | Ida ~~Boter~~ Simmonds |
| *6. Mother's Maiden Name* | Baker |
| *7. Mother's Birthplace* | Philad$^a$ |
| *8. Full Name of Father* | Herman Simmonds |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | New Orleans |
| *Name of Medical Attendant,* or other Person who makes this Return. | Eliat C. Price M D |
| *Address* | 262 Madison St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16831

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
13
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th Child. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Febry 10th 1877 |
| *4. Place of Birth (Street and Number)* | 5 E. Pratt St. |
| *5. Full Name of Mother* | Mary E. Boyle |
| *6. Mother's Maiden Name* | Mary E. Alberts |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jno. E. Boyle |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. F. Powell M.D. |
| *Address* | 224 Eamodton Ave |
| *Remarks* | Child Vigorous and Healthy. |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16832

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 11th 1877
4. *Place of Birth (Street and Number)* 494 Pennsylvania ave Baltimore
5. *Full Name of Mother* Mary Albert
6. *Mother's Maiden Name* Thies
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Albert
9. *Father's Occupation* Wheelright
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anna Meerzels

*Address* 220 Preston st

*Remarks*

# RETURN OF A BIRTH.

16838

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 11th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* Feb 10th 1877

*4. Place of Birth (Street and Number)* 5 Chapel st, Court

*5. Full Name of Mother* Sarah E. Lacheson

*6. Mother's Maiden Name* Sarah E Lloyd

*7. Mother's Birthplace* Talbot Co Md

*8. Full Name of Father* Geo E Lacheson

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Talbot Co Md

*Name of Medical Attendant,* or other Person who makes this Return. John H. Cannon

*Address* 286 E. Pratt st.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16834

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Febr 10th
4. Place of Birth (Street and Number) Lemon St No 97
5. Full Name of Mother Elizabeth Shrieber
6. Mother's Maiden Name — — Pauli
7. Mother's Birthplace Germeny
8. Full Name of Father William Shrieber
9. Father's Occupation Shumaker
10. Father's Birthplace Germeny

Name of Medical Attendant, or other Person who makes this Return. E. Sinclair

Address No 59 Fredrik Av

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16835

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 23 1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 10th
4. *Place of Birth (Street and Number)* N. Eutaw Ave 50
5. *Full Name of Mother* Christine Christ
6. *Mother's Maiden Name* " Gouger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Christ
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. C. G. Baddenbohn Med.

*Address* 106 Columbia Av

*Remarks* "

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16836

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3 d. |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | white |
| 3. Date of Birth | 10th February |
| 4. Place of Birth (Street and Number) | 165 Stirling Street. |
| 5. Full Name of Mother | Margaretha Dittrich |
| 6. Mother's Maiden Name | " " Nickol |
| 7. Mother's Birthplace | Freunity Bavaria |
| 8. Full Name of Father | Georg Dittrich |
| 9. Father's Occupation | Matreses Macker |
| 10. Father's Birthplace | Stadelhofen Bavaria |
| Name of Medical Attendant, or other Person who makes this Return. | Wilburga Müller. |
| Address | |
| Remarks | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16837

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Irish

*3. Date of Birth* Feb 10 1877 200 North Eager St

*4. Place of Birth (Street and Number)* do

*5. Full Name of Mother* Julia Donely

*6. Mother's Maiden Name* Julia Digman

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* B Donely

*9. Father's Occupation* Stone Cutter

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. J E Shultzel

*Address* 211 Arsgrove

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16835

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Eighth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 11th 1877 |
| *4. Place of Birth (Street and Number)* | 261 Greenmount Ave. |
| *5. Full Name of Mother* | Rosina B. Sandsbury |
| *6. Mother's Maiden Name* | Rosina B. Parrish |
| *7. Mother's Birthplace* | Balto. Md |
| *8. Full Name of Father* | Charles Sandsbury |
| *9. Father's Occupation* | Policeman |
| *10. Father's Birthplace* | Balto. Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Silas N. Hunter M.D. |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16839

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 10 of Febuare |
| *4. Place of Birth (Street and Number)* | West St No 263 |
| *5. Full Name of Mother* | Lizzie Joyce |
| *6. Mother's Maiden Name* | Lizzie Miomellen |
| *7. Mother's Birthplace* | County Irland |
| *8. Full Name of Father* | John Joyce |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | County Irland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16840

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Febry 10th 1877
4. Place of Birth (Street and Number) 109 Wolf St.
5. Full Name of Mother Virginia F. Weiss
6. Mother's Maiden Name Block
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Weiss
9. Father's Occupation Ironmonger
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. A. [illegible]stein, M.D.

Address 195 N. Eden St.

Remarks

**Extract Regulations of the Board of Health of the Mayor and Register of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16811

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Februar 10d. 1877
4. *Place of Birth (Street and Number)* 39 n. Dallas Strd
5. *Full Name of Mother* Christliene Rissner
6. *Mother's Maiden Name* Christliene Gottwalt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Rissner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return. M. K. Rudiger

*Address* 134 n. Bonsht

*Remarks*

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

168142

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 10th 1877
4. Place of Birth (Street and Number) 142 Chew St
5. Full Name of Mother Virginia Bevans
6. Mother's Maiden Name Caulk
7. Mother's Birthplace Baltimore
8. Full Name of Father William A Bevans
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 Mt Donogh St

Remarks

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16813

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Monday giving birth male
2. *Race or Color* (if not of the white race) Colard White
3. *Date of Birth* 11 Febry
4. *Place of Birth* (Street and Number) Tate st 17
5. *Full Name of Mother* Mrs Mary griten
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Mr Esther Brooks
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Andrew moody

*Address*

*Remarks*

# RETURN OF A BIRTH.

168.411

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
F[redacted] 20
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 11th 1877 (3½ am)
4. Place of Birth (Street and Number) 468 E Eager Street
5. Full Name of Mother Johanna Dougherty
6. Mother's Maiden Name " Eagan
7. Mother's Birthplace Richmond Va
8. Full Name of Father Michael J. Dougherty
9. Father's Occupation Plumber
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 185 Aisquith St

Remarks

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16843

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
13
1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* February 11th 1877

4. *Place of Birth* (Street and Number) No 7 Stirling St

5. *Full Name of Mother* Julia Lavina Richardson

6. *Mother's Maiden Name* Muse

7. *Mother's Birthplace* Westmoreland Co

8. *Full Name of Father* Robert A Richardson

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Westmoreland Co

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Sauer

*Address* S. E. Jefferson & Central Avenue

*Remarks*

**Feet Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16846

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the 5th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* the 11th

*4. Place of Birth (Street and Number)* Park st No 44

*5. Full Name of Mother* Rosa Kroeger

*6. Mother's Maiden Name* Rosa Meyer

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Franz Kroeger

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Kloppenburg

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Linder

*Address* No 45 Monroe

*Remarks*

**Extract Registrar's Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16847

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 14 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 11th February

*4. Place of Birth (Street and Number)* 182 Orleans

*5. Full Name of Mother* Sophie Kramer

*6. Mother's Maiden Name* " " Herkle

*7. Mother's Birthplace* Germany

*8. Full Name of Father* John Kramer

*9. Father's Occupation* Barber

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Getzke

*Address* 56 S. Bond St

*Remarks* Baltimore Md

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16848

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

Feb 17

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 4th |
| 1. *Sex* (*state whether Male or Female*) | Male |
| 2. *Race or Color* (*if not of the white race*) | White |
| 3. *Date of Birth* | 11 Feb 1877 |
| 4. *Place of Birth* (*Street and Number*) | 90 Block 17 |
| 5. *Full Name of Mother* | mary Kelley |
| 6. *Mother's Maiden Name* | mary Mooney |
| 7. *Mother's Birthplace* | Ireland |
| 8. *Full Name of Father* | Timothy Kelley |
| 9. *Father's Occupation* | Cutter |
| 10. *Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | mrs Louisa Smith |
| *Address* | the child is healthy |
| *Remarks* | name of the child John Kelley |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16849

HEALTH DEPARTMENT
FEB
19
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16831

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | |
| 3. *Date of Birth* | Feb 11th 1877 |
| 4. *Place of Birth* (Street and Number) | 126 & Biddle Street |
| 5. *Full Name of Mother* | Sophia Stallings |
| 6. *Mother's Maiden Name* | Sophia Lucas |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Wm. C. Stallings |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary A Allwell |
| *Address* | 286 W Lombard st |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Fee: Record of Vital Statistics in the City of Baltimore.**

16851

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 11 Febry
4. Place of Birth (Street and Number) S. Howard St. 192.
5. Full Name of Mother Katharina Umstedt
6. Mother's Maiden Name " Lang
7. Mother's Birthplace Dirkheim Germani
8. Full Name of Father August Umstedt
9. Father's Occupation retaile Grocer
10. Father's Birthplace Sachsen Weimer Germani

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Ann Streeny

Remarks No. 32 Liedenhall Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16852

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 14 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth Febuary 11th 1877.
4. Place of Birth (Street and Number) Randolph Street No 17.
5. Full Name of Mother Mathilda Behrmann
6. Mother's Maiden Name Mathilda von Hardt.
7. Mother's Birthplace Germany.
8. Full Name of Father John Behrmann
9. Father's Occupation Mariner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av.

Remarks

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16853

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
16
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February the 11th 1877 |
| *4. Place of Birth (Street and Number)* | 86 S Bethel Street |
| *5. Full Name of Mother* | Amalie Wolfram |
| *6. Mother's Maiden Name* | " " Thalen |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Heinrich Wolfram |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16854

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d. |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 11th 1877. |
| *4. Place of Birth (Street and Number)* | 20 Barnard St. |
| *5. Full Name of Mother* | Mina Werenburg |
| *6. Mother's Maiden Name* | M. Luiting |
| *7. Mother's Birthplace* | Hanover Germany |
| *8. Full Name of Father* | Fred Werenburg |
| *9. Father's Occupation* | Bormaker |
| *10. Father's Birthplace* | Hanover Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16833

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 12 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 11th 1877 |
| *4. Place of Birth (Street and Number)* | 320 Dover Street |
| *5. Full Name of Mother* | Elena Rost. |
| *6. Mother's Maiden Name* | T. Weangard |
| *7. Mother's Birthplace* | Wurtenburg Germany |
| *8. Full Name of Father* | Thomas C. Rost. |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16856

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Misses Rebeke Ha Dores

1. Sex (state whether Male or Female) A Boye
2. Race or Color (if not of the white race) Colorde
3. Date of Birth One the 12 fex
4. Place of Birth (Street and Number) Welcome aley No 103
5. Full Name of Mother Miss Re Bebek Hall
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father John Dores uarf
9. Father's Occupation Sellbinge Woode one the
10. Father's Birthplace f o Baltimore

Name of Medical Attendant, or other Person who makes this Return. Misses Emley Hught

Address West St No 234

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16857

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th 3 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | the 12 of February 1877 |
| *4. Place of Birth (Street and Number)* | No 22 Pleasant Street |
| *5. Full Name of Mother* | Lennora Lee |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Rosa M. Main |
| *Address* | No 70 Pleasant Street |
| *Remarks* | Mother and Child doing Well |

16858

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* th 12 February 1877

*4. Place of Birth (Street and Number)* No 8 Temple Street

*5. Full Name of Mother* Dellerpeine / Sellinin

*6. Mother's Maiden Name* ——

*7. Mother's Birthplace* Prownhill Maryland

*8. Full Name of Father* ——

*9. Father's Occupation* ——

*10. Father's Birthplace* ——

*Name of Medical Attendant,* or other Person who makes this Return. Prosatt ~~[illegible]~~

*Address* William No 10 Chestnut

*Remarks* Street Mother And Street

doing Well

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16839

HEALTH DEPARTMENT FEB 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1. |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | February 12. |
| 4. *Place of Birth (Street and Number)* | No. 90 South Exeter Street |
| 5. *Full Name of Mother* | Elizabeth Hargerich. |
| 6. *Mother's Maiden Name* | " " Marguard. |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Charles Hargerich. |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace* | Nurnberg. Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return. | [illegible] |
| *Address* | N 26. [illegible] |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16860

HEALTH DEPARTMENT BALTIMORE 1877

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) harry fair 12 feb

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) Colord

3. *Date of Birth* feb 12

4. *Place of Birth* (Street and Number) 176 york st

5. *Full Name of Mother* sophia foard

6. *Mother's Maiden Name* sophia Jones

7. *Mother's Birthplace* this city

8. *Full Name of Father* henry foard

9. *Father's Occupation* Waiter

10. *Father's Birthplace* this city

*Name of Medical Attendant, or other Person who makes this Return.* Mary ann dosey

*Address* henrietta st 177

*Remarks* fist colors

16861

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6 Tu |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 12th Feb 1877 |
| *4. Place of Birth (Street and Number)* | 15 Indore Alley |
| *5. Full Name of Mother* | Edwardina Cole |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Fredrick Cole |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Duffy |
| *Address* | 17 Little Monument St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16862

over

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

Jesse Gertrude Dayton

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 12 1877
4. Place of Birth (Street and Number) 226 Bank St.
5. Full Name of Mother Sarah ~~Daton~~ Dayton
6. Mother's Maiden Name Kerwell
7. Mother's Birthplace Connecticut
8. Full Name of Father Charles ~~Daton~~ Dayton
9. Father's Occupation
10. Father's Birthplace Connecticut

Name of Medical Attendant, or other Person who makes this Return. M. Gaughan

Address 226 Bank St.

Remarks

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16868

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 13 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 dt

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* Febr. 12 dt 1877
4. *Place of Birth (Street and Number)* No 115 E. Lombard St.
5. *Full Name of Mother* Margaretl Colereich
6. *Mother's Maiden Name* " Hemerich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Andreas Östreich
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Sarah Casper

*Address* 52 E. Lombard St.

*Remarks* died 13 dt inst on weakness.

# RETURN OF A BIRTH.

1685 1685 1685 

16865

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 12th 1877
4. *Place of Birth (Street and Number)* No 48 Wolf st.
5. *Full Name of Mother* Annie Taylor.
6. *Mother's Maiden Name* Annie Johnson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* George Taylor
9. *Father's Occupation* Shoe maker.
10. *Father's Birthplace* Easternshore Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 182 Monument

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16866

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 23 1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 12th

*4. Place of Birth (Street and Number)* 335 William st

*5. Full Name of Mother* Lizzie Pape

*6. Mother's Maiden Name* Lizzie Knell

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry Pape

*9. Father's Occupation* Baker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. C. L. Buddenbohn, M.D.

*Address* 106 Columbia Av.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16867

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
19
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12 Feb 1877
4. *Place of Birth (Street and Number)* 69 N. Castle St.
5. *Full Name of Mother* Katharina Barbara Melbert Groetzk
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Caspar Melbert
9. *Father's Occupation* Organbuilder
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertraud Miller

*Address* 137 E Pratt St.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16865

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | 12 Feb. 1877. |
| 4. *Place of Birth* (Street and Number) | 436 Mulberry |
| 5. *Full Name of Mother* | Mary Smith |
| 6. *Mother's Maiden Name* | Mary Lund |
| 7. *Mother's Birthplace* | Baltimore City |
| 8. *Full Name of Father* | Edward Smith. |
| 9. *Father's Occupation* | Engraver |
| 10. *Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Kelly |
| *Address* | 125 S. Caroline st. |
| *Remarks* | |

16869

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* male 1

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 12 Feb 1877

*4. Place of Birth (Street and Number)* 15 Watson St.

*5. Full Name of Mother* Annie Conly

*6. Mother's Maiden Name* " Hoffman

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Paul Conly

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper for D

*Address* 526 E Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16870

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* male 6

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 12 February 177

*4. Place of Birth (Street and Number)* 115 E Lombard St

*5. Full Name of Mother* Mr Ostrech

*6. Mother's Maiden Name* Heinrich

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Andreas Ostrech

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper per J

*Address* 82 E Lombard

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16871

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 [illegible]

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February [illegible] 1877
4. *Place of Birth (Street and Number)* Baltimore No 2 [illegible]
5. *Full Name of Mother* [illegible] Fogler
6. *Mother's Maiden Name* [illegible] Shekel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Fogler
9. *Father's Occupation* [illegible]timore
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Nash

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16872

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)* 4

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* February 12. 1877

*4. Place of Birth (Street and Number)* South Schoppel st No 10

*5. Full Name of Mother* Elisabeth Punte

*6. Mother's Maiden Name* Elisabeth Gilbert

*7. Mother's Birthplace* Oberach Hessen Darmstadt

*8. Full Name of Father* Joseph Punte

*9. Father's Occupation* Cigarrenworker

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfe st No 28

*Remarks* Undwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16873

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
19
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6 th

1. *Sex (state whether Male or Female)* Boy Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Februar ~~September~~ 12 th 4 ol. M.
4. *Place of Birth (Street and Number)* 250 West str
5. *Full Name of Mother* Anna Margaretha Schleicher
6. *Mother's Maiden Name* Becker
7. *Mother's Birthplace* Jackson M. Germany
8. *Full Name of Father* John Schleicher
9. *Father's Occupation* Hucster
10. *Father's Birthplace* Jackson M. Germany.

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks* [illegible]

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16874

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Mail

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 12 1877

*4. Place of Birth (Street and Number)* 231 Madison St

*5. Full Name of Mother* Julia Melroy

*6. Mother's Maiden Name* Julia Hibback

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Richard Melroy

*9. Father's Occupation* Farmer

*10. Father's Birthplace* France

*Name of Medical Attendant,* or other Person who makes this Return. J E Sheetz

*Address* 211 Aisquith St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16875

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2. Thirteen |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wh |
| *3. Date of Birth* | 12 of Febuary. |
| *4. Place of Birth (Street and Number)* | West St N 125 |
| *5. Full Name of Mother* | Theresa Schenn |
| *6. Mother's Maiden Name* | Theresa Martin |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Bernard Schenn Jr. |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Miss Martin West St N 125 |
| *Address* | |
| *Remarks* | |

16876

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 12 of Febuare |
| *4. Place of Birth (Street and Number)* | Cleanners St No 18 |
| *5. Full Name of Mother* | Lizzie Fletner |
| *6. Mother's Maiden Name* | Lizzie Swayzer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Lue Fletner |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Ruber Schauls |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16877

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 13th 1877
4. *Place of Birth (Street and Number)* 326 Canton Ave
5. *Full Name of Mother* Barbara Keiser
6. *Mother's Maiden Name* " Duer
7. *Mother's Birthplace* City
8. *Full Name of Father* John Keiser
9. *Father's Occupation* Puddler
10. *Father's Birthplace* City

*Name of Medical Attendant, or other Person who makes this Return.* Mrs E Bushmann

*Address* 120 Bank st

*Remarks* Twins.

**Act Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1878

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 13th 1877
4. *Place of Birth (Street and Number)* No 151 S. Bethel str
5. *Full Name of Mother* Katherina Anna Seeler
6. *Mother's Maiden Name* " " Lange
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Seler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs E Bustmann

*Address* 120 Banks str

*Remarks*

16879

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE FEB 15 1877

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 13/77

*4. Place of Birth (Street and Number)* Ann st No 224

*5. Full Name of Mother* Mary Von. Horn

*6. Mother's Maiden Name* Mary Jacobs

*7. Mother's Birthplace* Germ

*8. Full Name of Father* Fred. Von. Horn

*9. Father's Occupation* Shipcarpenter

*10. Father's Birthplace* Germ

*Name of Medical Attendant,* or other Person who makes this Return. Johanna Schulte

*Address* Midwife

*Remarks* 320 Allice Anna st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16880

HEALTH DEPARTMENT BALTIMORE FEB 15 1877

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st.

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Febr 13/77

*4. Place of Birth (Street and Number)* A. Donnell 1st Nr. 46

*5. Full Name of Mother* Lizzie Reese

*6. Mother's Maiden Name* Rivag

*7. Mother's Birthplace* Balto

*8. Full Name of Father* John Reese

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Johanna Schutte

*Address* Midwife

*Remarks* 320 Allice Anna

# RETURN OF A BIRTH.

16881

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
17
1877
BALTIMORE

| | |
|---|---|
| *of Child of Mother (state whether 1st, 2d, 3d, &c.)* | two |
| *x (state whether Male or Female)* | Male |
| *ace or Color (if not of the white race)* | white |
| *ate of Birth* | 13th |
| *lace of Birth (Street and Number)* | Baltimore Johnson St 288 |
| *ll Name of Mother* | jennett Conaway |
| *her's Maiden Name* | jennett Kirby |
| *er's Birthplace* | Baltimore |
| *Name of Father* | Anthony Conaway |
| *ier's Occupation* | shipcarpenter |
| *ther's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elizabeth Hathorn |
| *ddress* | Johnson St 288 |
| *emarks* | |

16882

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feby 13th 1877
4. Place of Birth (Street and Number) Cor Wolf & Chase Sts
5. Full Name of Mother Mary A Wilson
6. Mother's Maiden Name Mary A Davis
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John H. Wilson
9. Father's Occupation Brakesman
10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfit M.D.

Address 84 E Balto St

Remarks Breech presentation, Child asphyxiated - Resuscitated.

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16883

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 17 1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 10 11

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 13th Feb 1877
4. *Place of Birth* (*Street and Number*) 152 West st
5. *Full Name of Mother* Jane E Smith
6. *Mother's Maiden Name* Jane Kamrick
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Smith
9. *Father's Occupation* Miller
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Catherine Kenner

*Address* No 22 Elizabeth

*Remarks*

# RETURN OF A BIRTH.

16884

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Third |
| *1. Sex* (state whether Male or Female) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | February 13th 1877 |
| *4. Place of Birth* (Street and Number) | 14 South Stricker |
| *5. Full Name of Mother* | Henrietta |
| *6. Mother's Maiden Name* | Christian |
| *7. Mother's Birthplace* | Richmond Va |
| *8. Full Name of Father* | Garland H. Clarke |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Hanover Co Va |
| *Name of Medical Attendant*, or other Person who makes this Return. | J. H. Christian M.D. |
| *Address* | 431 Penna Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16815

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
26
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1st

*1. Sex* (*state whether Male or Female*) Boy

*2. Race or Color* (*if not of the white race*) Colored

*3. Date of Birth* 13th feb

*4. Place of Birth* (*Street and Number*) 181 - E. Lombard st

*5. Full Name of Mother* Josephine ~~Coleman~~ Peach

*6. Mother's Maiden Name* Josephine Clemens

*7. Mother's Birthplace* Gloucester Co Va

*8. Full Name of Father* Charles F Peach

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Richmond Va

*Name of Medical Attendant*, or other Person who makes this Return. Mary E Prices

*Address* 196. N. Broadway

*Remarks*

it was impossible to send this sooner

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16586

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE, MD.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 13th Feb 1877.
4. *Place of Birth* (Street and Number) 671 W Fayette Street,
5. *Full Name of Mother* Margaret Virginia Korn
6. *Mother's Maiden Name* " " Eskridge
7. *Mother's Birthplace* West Virginia,
8. *Full Name of Father* John A Korn,
9. *Father's Occupation* Clergyman,
10. *Father's Birthplace* Virginia.

*Name of Medical Attendant,* or other Person who makes this Return. Harry L. Byrd M.D.

*Address* 139 Arlington Avenue.

*Remarks* Delivered by forceps after cranotomy, mother & child doing well

# RETURN OF A BIRTH.

16857

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February the 13th 1877 |
| *4. Place of Birth (Street and Number)* | 41 Jackson Street |
| *5. Full Name of Mother* | Anna Dorota Helbing |
| *6. Mother's Maiden Name* | " " Schmith |
| *7. Mother's Birthplace* | Baltimore, |
| *8. Full Name of Father* | Carl Wilhelm Helbing |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbra Reitz |
| *Address* | 26 N Fredrick Street |
| *Remarks* | |

HEALTH DEPARTMENT FEB 14 1877 BALTIMORE

16888

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 13th 1877

*4. Place of Birth (Street and Number)* No 212 N. Central avenue

*5. Full Name of Mother* Henrietta Boettinger

*6. Mother's Maiden Name* Henrietta Christ

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* William Boettinger

*9. Father's Occupation* Cigarmaker

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Bute

*Address* No. 121 N. Central Avenue

*Remarks* H. Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16889

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1 |
| 1. *Sex* (state whether Male or Female) | male |
| 2. *Race or Color* (if not of the white race) | Black |
| 3. *Date of Birth* | feb 13-1877 |
| 4. *Place of Birth* (Street and Number) | Clairts alley no 8 |
| 5. *Full Name of Mother* | Ellen Bons |
| 6. *Mother's Maiden Name* | Ellen Jones |
| 7. *Mother's Birthplace* | dor Chaster Co |
| 8. *Full Name of Father* | Willam Bones |
| 9. *Father's Occupation* | oyster shucker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | omma Robson |
| *Address* | no 4 Duck alley |
| *Remarks* | |

16890

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 13th 1877
4. *Place of Birth (Street and Number)* No 113 Central Ave
5. *Full Name of Mother* Francis Rasfa
6. *Mother's Maiden Name* Francis Russ.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Rasfa
9. *Father's Occupation* Wheelright
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegrist.

*Address* No 182 E monument st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16891

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Feb. 13, 1877 |
| 4. Place of Birth (Street and Number) | No 309 William St |
| 5. Full Name of Mother | Sarah E. Jones |
| 6. Mother's Maiden Name | Sarah E. Carroll |
| 7. Mother's Birthplace | Ma |
| 8. Full Name of Father | Capt Jas E. Jones |
| 9. Father's Occupation | Mariner |
| 10. Father's Birthplace | Ma |
| Name of Medical Attendant, or other Person who makes this Return. | H B Noble Ma |
| Address | 17 Warner av |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16892

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 13 1877 |
| *4. Place of Birth (Street and Number)* | No 101 Fort Avenue |
| *5. Full Name of Mother* | Martha Shoemaker |
| *6. Mother's Maiden Name* | Martha Marshall |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | John Shoemaker |
| *9. Father's Occupation* | Mechanic |
| *10. Father's Birthplace* | Illinois |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. B. Noble, Md |
| *Address* | 17 Warren Av |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16893

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feby 13 - 1877 |
| *4. Place of Birth (Street and Number)* | 545 N. Fayette St |
| *5. Full Name of Mother* | Mary H Foster |
| *6. Mother's Maiden Name* | " " Goddin |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | James H Foster |
| *9. Father's Occupation* | Tobacco Dealer |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | W E Rider MD |
| *Address* | 87 Mulberry St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

168911

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
19
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 13. 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore. No 30 Cross st |
| *5. Full Name of Mother* | Jane Darling |
| *6. Mother's Maiden Name* | Jane Allen |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas Darling |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

16895

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 19 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February Sec. 13. 1877
4. *Place of Birth (Street and Number)* S. Register St. No. 183.
5. *Full Name of Mother* Anna Maier
6. *Mother's Maiden Name* Anna Klemm
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Maier
9. *Father's Occupation* none
10. *Father's Birthplace* Trunkerl. Kr. Baiern Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16896

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Feb 14th 1877.

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex* (*state whether Male or Female*) Female.
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Feb 13th 1877.
4. *Place of Birth* (*Street and Number*) 50 Durham St.
5. *Full Name of Mother* Sophia Wagner
6. *Mother's Maiden Name* Sophia Deibert
7. *Mother's Birthplace* Germania.
8. *Full Name of Father* Philipp Wagner
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germania.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Arend.

*Address* No 137 Wolfe St.

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16897

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | second child. |
| *1. Sex (state whether Male or Female)* | male. |
| *2. Race or Color (if not of the white race)* | white. |
| *3. Date of Birth* | 13th February. |
| *4. Place of Birth (Street and Number)* | No. 60 Canby st |
| *5. Full Name of Mother* | Mary Franke |
| *6. Mother's Maiden Name* | Mary Rudolf. |
| *7. Mother's Birthplace* | Lindau Prussia. |
| *8. Full Name of Father* | Henry F. Franke. |
| *9. Father's Occupation* | Tailor. |
| *10. Father's Birthplace* | Lyke. Hanover Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Chas. Luebeck. |
| *Address* | No. 439 W. Pratt St. |
| *Remarks* | |

16898

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* feb. 13. 1877
4. *Place of Birth (Street and Number)* 29 south chester st
5. *Full Name of Mother* georgeana Ebsworth
6. *Mother's Maiden Name* georgeana crisp
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* David Ebsworth
9. *Father's Occupation* house carpender
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153 choptank st

*Address*

*Remarks*

Have any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16899

# RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Februar 13 d. 1877
4. *Place of Birth (Street and Number)* 148 Mc. altre Aret
5. *Full Name of Mother* Marte Ellem Bye
6. *Mother's Maiden Name* M. Ell. Birett
7. *Mother's Birthplace* Mariland
8. *Full Name of Father* Randolf Bye
9. *Father's Occupation* Meldtgend
10. *Father's Birthplace* Bensolvanien

*Name of Medical Attendant,* or other Person who makes this Return. M. K. Rudiger

*Address* 134 N. Bondstret

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16900

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3d. |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Feby 13th 11 |
| 4. Place of Birth (Street and Number) | 29 Waesche St |
| 5. Full Name of Mother | Mary. ~~Henry~~ Krines |
| 6. Mother's Maiden Name | Mary Hays |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Henry Krines |
| 9. Father's Occupation | Harness maker |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | A H Saxton M.D |
| Remarks | 543. Lexington St |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16901

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 6th Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 14th 2 50 A.M. 1877
4. *Place of Birth* (Street and Number) 28 S. Ann
5. *Full Name of Mother* Amelia Gould
6. *Mother's Maiden Name* Amelia Meyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Robert Gould
9. *Father's Occupation* Transportation Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant*, or other Person who makes this Return. James E Donnelle M.D.

*Address* 299 E. Baltimore St.

*Remarks*

16902

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Tuesday February 14 |
| *4. Place of Birth (Street and Number)* | 32 E. Mar Street |
| *5. Full Name of Mother* | Louisa Addison |
| *6. Mother's Maiden Name* | Louisa Barber |
| *7. Mother's Birthplace* | Goochland Virginia |
| *8. Full Name of Father* | Gamer Addison |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Hanover Co Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sarah Tindall |
| *Address* | 33 Little monument Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16903

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE FEB 15 1877

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Febr. 14th/77 |
| *4. Place of Birth (Street and Number)* | Caroline st No. 162 |
| *5. Full Name of Mother* | Mary Hammel |
| *6. Mother's Maiden Name* | " Schatz |
| *7. Mother's Birthplace* | Baltr |
| *8. Full Name of Father* | Geo Hammel |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Baltr |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schatz |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16904

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 6th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 14th 1877
4. *Place of Birth (Street and Number)* Abel anna Street F P
5. *Full Name of Mother* Margrata Pfeiffer Waukmiller
6. *Mother's Maiden Name* Margrata Pfeiffer
7. *Mother's Birthplace* Prusia
8. *Full Name of Father* William A Waukmiller
9. *Father's Occupation* laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary L Simms

*Address* No 178 Chappel Street

*Remarks*

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16905

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 2nd child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | febuary the 14th 1877 |
| *4. Place of Birth (Street and Number)* | No 2 fauntain Street |
| *5. Full Name of Mother* | Lizzie write finks |
| *6. Mother's Maiden Name* | Lizzie write |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George finks |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary L Simms |
| *Address* | No 148 Chappel Street |
| *Remarks* | |

*That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

16906

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 17 1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Feby 14 1877

*4. Place of Birth (Street and Number)* 118 Lanvale Street

*5. Full Name of Mother* Catharine Latrobe Western

*6. Mother's Maiden Name* Catharine Latrobe

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Cornelius Western

*9. Father's Occupation* Commission Merchant

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. C B Gamble

*Address* 40 Richmond st

*Remarks*

---

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16907

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one mothe one child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) of the Colors race
3. Date of Birth february, the 14.18.77
4. Place of Birth (Street and Number) Regessler Street 130
5. Full Name of Mother
6. Mother's Maiden Name Sarah L Waalford
7. Mother's Birthplace Dorchesstor Co md
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucinda Waalford

Address Regessler Street 130 Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16208

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPART. FEB 17 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14 th February
4. *Place of Birth* (Street and Number) 33 Leadenhall
5. *Full Name of Mother* Evy Hammel
6. *Mother's Maiden Name* Evy Leth
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Hammel
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 22 Elizabeth Co

*Remarks*

16909

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14th Feb 1877
4. *Place of Birth* (Street and Number) No 112 Harper St
5. *Full Name of Mother* Katherine Jems
6. *Mother's Maiden Name* Katherine Quick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christ Jems
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Katherine Norris

*Address* No 21 Elizabeth Ln

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16910.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
20
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th. Child. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Colored. |
| *3. Date of Birth* | Feb. 14th 1877. |
| *4. Place of Birth (Street and Number)* | 191 Harmony Lane. |
| *5. Full Name of Mother* | Sarah Johnson. |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Balto. City. |
| *8. Full Name of Father* | Jos. Talbot. |
| *9. Father's Occupation* | Laborer. |
| *10. Father's Birthplace* | Prince George Co. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte Proctor |
| *Address* | 10 Carlton St. |
| *Remarks* | |

# RETURN OF A BIRTH.

16911

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
24
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d. |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 14th 1877 |
| *4. Place of Birth (Street and Number)* | 437 Lexington Street. |
| *5. Full Name of Mother* | Anna Kirschbaum |
| *6. Mother's Maiden Name* | A. Nimtsch |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | John C. Kirschbaum |
| *9. Father's Occupation* | Cigar Store |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophia Wenzel |
| *Address* | 36 Clark Street |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

16912

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth (4th) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 14th 1877 |
| *4. Place of Birth (Street and Number)* | 209 Eager St |
| *5. Full Name of Mother* | Sarah Caley |
| *6. Mother's Maiden Name* | Sarah Burke |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | John Caley |
| *9. Father's Occupation* | Fireman |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A Winter |
| *Address* | 178 Harford Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16913

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | |
| *3. Date of Birth* | Feb 14th 1877 |
| *4. Place of Birth* (Street and Number) | Ca Carey St & Pattinson Ave |
| *5. Full Name of Mother* | Annie Brogan |
| *6. Mother's Maiden Name* | " Worey |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Benjamin Brogan |
| *9. Father's Occupation* | Cabinet-maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. L. Iglehart |
| *Address* | 219 N Carey St |
| *Remarks* | |

The any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16914

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 14th 1877
4. Place of Birth (Street and Number) No 271 Alice Ann str
5. Full Name of Mother Mary Ellen Booz
6. Mother's Maiden Name Bien
7. Mother's Birthplace City
8. Full Name of Father Wm Booz
9. Father's Occupation Laborer
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16915

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
1
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 14th 1877
4. *Place of Birth (Street and Number)* 146 Harford Ave
5. *Full Name of Mother* Ida Jase
6. *Mother's Maiden Name* Ida Griffitt
7. *Mother's Birthplace* Anne Arundel County
8. *Full Name of Father* George Jase
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 182 Monument st.

*Remarks*

---

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16916

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 second Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 14th Feb 1877

*4. Place of Birth (Street and Number)* No 858 West Pratt st

*5. Full Name of Mother* Menna Reis

*6. Mother's Maiden Name* Menna Kling

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry Reis

*9. Father's Occupation* Varnisher

*10. Father's Birthplace* Germanenia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Domler

*Address* 60 Shorter St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16917

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | boy |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 15th Feb. 1877 |
| *4. Place of Birth (Street and Number)* | 74 Holliday st |
| *5. Full Name of Mother* | Bertha Beaven |
| *6. Mother's Maiden Name* | " " |
| *7. Mother's Birthplace* | Baltimore city Md |
| *8. Full Name of Father* | James Sanks |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Angeline Wilson |
| *Address* | Cross Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16,918

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Feb 15th 1877 |
| 4. Place of Birth (Street and Number) | 151 E Madison |
| 5. Full Name of Mother | Sarah L Miller |
| 6. Mother's Maiden Name | " " Zachary |
| 7. Mother's Birthplace | Baltimore Md |
| 8. Full Name of Father | Lewis H Miller |
| 9. Father's Occupation | U. S. Custom House Inspector |
| 10. Father's Birthplace | Baltimore Md |
| Name of Medical Attendant, or other Person who makes this Return. | D Webster Cathall |
| Address | 1½ S Exeter St |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16919

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
19
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

16920

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7ter Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the. 14. 1877
4. *Place of Birth (Street and Number)* E. Eager St. No. 464.
5. *Full Name of Mother* ~~Balthaser~~ ~~Vogel~~ Katharina Vogel.
6. *Mother's Maiden Name* Katharina Doepfer
7. *Mother's Birthplace* Wilseck. Gr. Hessen Germany.
8. *Full Name of Father* Balthaser Vogel.
9. *Father's Occupation* Giggarren Manufacturer
10. *Father's Birthplace* Altenbuseck. Gr. Hessen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16921

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 14th '77.
4. Place of Birth (Street and Number) 378 N. Stricker
5. Full Name of Mother L. Wright
6. Mother's Maiden Name L. Oliver
7. Mother's Birthplace Prince Geo's County
8. Full Name of Father Frank Wright
9. Father's Occupation Stock Dealer.
10. Father's Birthplace Maryland.

Name of Medical Attendant, or other Person who makes this Return. G. W. Norris M. D.

Address Cor. Stricker & Prestman

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16922

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 7te

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 14. 1877

*4. Place of Birth (Street and Number)* Nord Schappelstr No 98

*5. Full Name of Mother* Barbara Beer

*6. Mother's Maiden Name* Barbara Scharold

*7. Mother's Birthplace* Frenzdorf Bayern

*8. Full Name of Father* Kasper Beer

*9. Father's Occupation* Putscher

*10. Father's Birthplace* Schlesselfeld Bayern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Baupach

*Address* South Wolfsh No 28

*Remarks*

Undmrfe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16923

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
16
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 Child |
| *1. Sex (state whether Male or Female)* | little Girl |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14. Febr. 1877 |
| *4. Place of Birth (Street and Number)* | 51. Booth Str. |
| *5. Full Name of Mother* | Agnes ~~Stehle~~ Stehle |
| *6. Mother's Maiden Name* | Agnes Raible |
| *7. Mother's Birthplace* | Binsdorf Württemberg |
| *8. Full Name of Father* | Lucian Stehle |
| *9. Father's Occupation* | Piano Maker |
| *10. Father's Birthplace* | Binsdorf Württemberg |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Seelach |
| *Address* | No 439 W. Pratt Str. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16924

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth February 14.
4. Place of Birth (Street and Number) No 145 Henriette Stra
5. Full Name of Mother ~~Elles~~ Ellessen Schoenhals
6. Mother's Maiden Name E Santerman
7. Mother's Birthplace Prior Preussen Germani
8. Full Name of Father Adam Schönhals
9. Father's Occupation Hockster
10. Father's Birthplace Hessen Darmstatt. Germain

Name of Medical Attendant, or other Person who makes this Return. M. M. Streny

Address

Remarks No 32. Lieutenhall Street

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16926

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1917 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Femal |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 14th |
| *4. Place of Birth (Street and Number)* | 273 Hanover |
| *5. Full Name of Mother* | Margaret Ann Schenkel |
| *6. Mother's Maiden Name* | Iro |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Peter J Schenkel |
| *9. Father's Occupation* | Confectioner |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | Mrs M. Krug Leadenhall st |
| *Remarks* | Belle No 32 Leadenhall st |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16926

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
16
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14 of Febuar |
| *4. Place of Birth (Street and Number)* | Light St No 348 |
| *5. Full Name of Mother* | Lizzie Schultz |
| *6. Mother's Maiden Name* | Lizzie Kulsman |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Albert Schultz |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Hersfeld in germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Geo Martin |
| *Address* | West St 1128 |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1692 i

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb. 15. 1877
4. *Place of Birth (Street and Number)* No 1 Salisbury Alley
5. *Full Name of Mother* Margaret Ann Thomas
6. *Mother's Maiden Name* Margaret Ann Stephens
7. *Mother's Birthplace* Accomack Virginia
8. *Full Name of Father* William Henry Thomas
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Hollidaysburg. Pa

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Wilson.

*Address* No 32 Forrest Street.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16928

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 15th 1877
4. Place of Birth (Street and Number) 248 E. Chase Street
5. Full Name of Mother Margaretha Streb
6. Mother's Maiden Name " Kellermann
7. Mother's Birthplace Germany
8. Full Name of Father John Adam Streb
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. S W Feldner M.D.

Address 29 E Sharp Street

Remarks Hydrocephalic monster which expired twenty minutes after its birth.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16929

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4th. |
| 1. Sex (state whether Male or Female) | Female. |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Feby 15th '77 |
| 4. Place of Birth (Street and Number) | 191. Ramsey St |
| 5. Full Name of Mother | Margarite Flatley |
| 6. Mother's Maiden Name | Margarite Mullen |
| 7. Mother's Birthplace | Ireland |
| 8. Full Name of Father | P. H. Flatley |
| 9. Father's Occupation | Labour. B & O R R. |
| 10. Father's Birthplace | Ireland. |
| Name of Medical Attendant, or other Person who makes this Return. | A H Saxton |
| Address | 543. Lexington St |
| Remarks | |

16930

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (6th) Sixth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 15th 1877
4. Place of Birth (Street and Number) 159 Townsend Street
5. Full Name of Mother Margaret Ann Hinton
6. Mother's Maiden Name Margaret Ann Madden
7. Mother's Birthplace Harford County Md
8. Full Name of Father James Edward Hinton
9. Father's Occupation Laborer
10. Father's Birthplace Ellicott City Md

Name of Medical Attendant, or other Person who makes this Return. Hammer & Fox

Address 190 Penn Ave & 414 W. Lombard St

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16931

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
24
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 15th 1877 |
| *4. Place of Birth (Street and Number)* | 138 Howard Street. |
| *5. Full Name of Mother* | Elizabeth Eisenhardt |
| *6. Mother's Maiden Name* | E. Emmert |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Christian Eisenhardt |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Wurtenburg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophie Wenzel |
| *Address* | 36 Pearl St. |
| *Remarks* | |

16932

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 15th 1877

*4. Place of Birth (Street and Number)* # 105 S. Bond St.

*5. Full Name of Mother* ~~Mar~~ Susan Ellisborn

*6. Mother's Maiden Name* Susan McDonell

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* James N. Ellisborn

*9. Father's Occupation* Ship, Carpenter

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. M. Lederer

*Address* 25 S. Durham

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16933

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | Feby 15th 1877 |
| *4. Place of Birth (Street and Number)* | 82 Grindell St. |
| *5. Full Name of Mother* | Elizabeth Marchbank. |
| *6. Mother's Maiden Name* | " Winter. |
| *7. Mother's Birthplace* | Baltimore, Md. |
| *8. Full Name of Father* | Wm T. Marchbank. |
| *9. Father's Occupation* | Laborer. |
| *10. Father's Birthplace* | Providence, R. I. |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. I. M. Tall. M.D. |
| *Address* | 158 E. Sharp St. |
| *Remarks* | Child healthy. |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

16931

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE FEB 15 1877

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 15th 1877. |
| *4. Place of Birth (Street and Number)* | 151 E Madison |
| *5. Full Name of Mother* | Sarah L Miller |
| *6. Mother's Maiden Name* | " " Zachary |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Louis H Miller |
| *9. Father's Occupation* | Inspector U.S. Custom House |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | D Webster Cathell M D |
| *Address* | 1½ S Exeter St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16935

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
24
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* February 15th 1877
4. *Place of Birth (Street and Number)* Caroline St No 103
5. *Full Name of Mother* Sophia Beken
6. *Mother's Maiden Name* Loeb
7. *Mother's Birthplace* Prussia Europe
8. *Full Name of Father* Henry Beken
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany Europe

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Rose Abbe

*Address* 48 Holland St City

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16936

# RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | One |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 15 Febr 1877 |
| *4. Place of Birth (Street and Number)* | S. Fulton st 39 |
| *5. Full Name of Mother* | Sophie Klink |
| *6. Mother's Maiden Name* | " " Münnighausen |
| *7. Mother's Birthplace* | Balt Pratts 352 |
| *8. Full Name of Father* | F Klink |
| *9. Father's Occupation* | Varnisher |
| *10. Father's Birthplace* | Balt Sterling St |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Gummler 60 Sharp |
| *Address* | Frank Klink No 39 South Fulton st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1111

16937

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d 1877

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15. February
4. Place of Birth (Street and Number) 113 Albmale st
5. Full Name of Mother Mary Medinger
6. Mother's Maiden Name Mary Earles
7. Mother's Birthplace America
8. Full Name of Father Frank F. Medinger
9. Father's Occupation labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Flemming

Address 97 Albmarle st

Remarks healthy

16931

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 19 1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* feb 15
4. *Place of Birth (Street and Number)* 21 Register st
5. *Full Name of Mother* ~~Ellen Pare~~ Ellen Evens
6. *Mother's Maiden Name* Ellen Pare
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Isaac Ferry Evens
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear Johnson

*Address* no 32 Short st

*Remarks* Delicate child

...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

16939

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16940

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) mother 2 d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colort
3. Date of Birth 15 of feb 1877
4. Place of Birth (Street and Number) 9 south dallas at
5. Full Name of Mother dealey dockens
6. Mother's Maiden Name dealey soil
7. Mother's Birthplace hopley grass
8. Full Name of Father lander dockens
9. Father's Occupation lacker
10. Father's Birthplace Tarlbert C mid d

Name of Medical Attendant, or other Person who makes this Return. lear Walker

Address no 9 n south dallas st

Remarks

16941

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* mother of 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 15 of February
4. *Place of Birth (Street and Number)* 8 hearn court
5. *Full Name of Mother* Ellen Jackens
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Torl Bert County
8. *Full Name of Father* no ack country of father
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Clear Worker

*Address* no 9 north dallas st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16942

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* M
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 15 1877
4. *Place of Birth (Street and Number)* Baltimore 35 Cross st
5. *Full Name of Mother* Rebecca Philips
6. *Mother's Maiden Name* Rebecca Corton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Philips
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address*

*Remarks*

16943

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb 15 th, 1877.
4. *Place of Birth (Street and Number)* 114 Duncan Ave.
5. *Full Name of Mother* Lizzie Schmith.
6. *Mother's Maiden Name* Lizzie Linz.
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John J Schmitt
9. *Father's Occupation* Watchmann.
10. *Father's Birthplace* Germania.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Arend.

*Address* No 37 S Wolfe St.

*Remarks* —

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16911

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

*1. Sex* (~~state whether Male or~~ Female)

*2. Race or Color* (if not of ~~the~~ white race)

*3. Date of Birth* Feby 15th 1877

*4. Place of Birth* (Street and Number) #1 S. Gilmor Street

*5. Full Name of Mother* Helen M Peddicord

*6. Mother's Maiden Name* Helen M Haymond

*7. Mother's Birthplace* Virginia

*8. Full Name of Father* George S. Peddicord

*9. Father's Occupation* Conductor

*10. Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. Geo W. Lyon

*Address* #1 Waverley Terrace

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16945

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 16 1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th February
4. *Place of Birth (Street and Number)* 78 Portland
5. *Full Name of Mother* Maggie Dundon
6. *Mother's Maiden Name* Maggie Dockery
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Dundon
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Katharine Sunbach

*Address* 439 West Lewis

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16946

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st " |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February the 15th 1877 |
| *4. Place of Birth (Street and Number)* | 149 ~~East~~ Eastern av |
| *5. Full Name of Mother* | Vina Steine |
| *6. Mother's Maiden Name* | " " Roger |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas Steine |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Friederika Kaufman |
| *Address* | 178 corner of Dallas Street & Eastern av |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

16947

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 10 Children |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | Wite |
| 3. Date of Birth | 19 of Febuare |
| 4. Place of Birth (Street and Number) | Ches Selby |
| 5. Full Name of Mother | Fenne Burnt |
| 6. Mother's Maiden Name | Fenne Willer |
| 7. Mother's Birthplace | Vinburg in Baden |
| 8. Full Name of Father | Phillip Burnt |
| 9. Father's Occupation | Labor |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Martin |
| Address | West St No 128 |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 16948

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb. 16th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Ramsey st No 80 |
| *5. Full Name of Mother* | Margret Fitzsimmons |
| *6. Mother's Maiden Name* | Mullin |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Flatly |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Alice Catherine Mitchell |
| *Address* | No 22 Parkin st. |
| *Remarks* | |

16949

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The eight |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 16 feburry 1877 |
| *4. Place of Birth (Street and Number)* | No 333 eastern Av |
| *5. Full Name of Mother* | Margret Donohue |
| *6. Mother's Maiden Name* | Margret King |
| *7. Mother's Birthplace* | Irkand |
| *8. Full Name of Father* | Patrick Donohue |
| *9. Father's Occupation* | labor |
| *10. Father's Birthplace* | Irland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park Donhue |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and reside of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16959

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 16th 1877. |
| *4. Place of Birth (Street and Number)* | 928 George st |
| *5. Full Name of Mother* | Agnes Gore |
| *6. Mother's Maiden Name* | Agness Ford |
| *7. Mother's Birthplace* | Richmond Va. |
| *8. Full Name of Father* | James Gore |
| *9. Father's Occupation* | Policeman, |
| *10. Father's Birthplace* | Virginia. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr Thos S Pennington MD. |
| *Address* | 98 N Green St. |
| *Remarks* | |

# RETURN OF A BIRTH.

16951

HEALTH DEPARTMENT
MAR
14
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* February 16th 1877
4. *Place of Birth (Street and Number)* 436 East Fayette Street
5. *Full Name of Mother* Harriet E. Coulter
6. *Mother's Maiden Name* " " Halfpenny
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* James L. Coulter
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Baltimore, Md.

*Name of Medical Attendant, or other Person who makes this Return,* James W. Shane, M.D.

*Address* 68 S. Broadway

*Remarks*

---

*...advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

16932

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 16th 1877 |
| *4. Place of Birth (Street and Number)* | No 478 W. Bay St. cor. Washington |
| *5. Full Name of Mother* | Mary Bate |
| *6. Mother's Maiden Name* | Mary Swetzer |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | H. J. Bate |
| *9. Father's Occupation* | Field Hand |
| *10. Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. M. A. Bate |
| *Address* | No 181 N. Central avenue Baltimore City |
| *Remarks* | Well |

*Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

16953

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb. 16 1877.

*4. Place of Birth (Street and Number)* No. 116 E. Broadway

*5. Full Name of Mother* E. V. [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Robert [illegible]

*9. Father's Occupation* Store keeper

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

*adviser at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

16951

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 26 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 16th 1877
4. *Place of Birth (Street and Number)* No 123 Conway St.
5. *Full Name of Mother* Sophia C. Young
6. *Mother's Maiden Name* Sophia C. Forster
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Young
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Centerville Q. A. co Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger
*Address* 23 N Liberty St.
*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

A16955

HEALTH DEPARTMENT
FEB 26 1877
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 16th Feb. 1877.
4. Place of Birth (Street and Number) 471 S. Fremont Street,
5. Full Name of Mother ~~[illegible]~~ Sarah L. Bond
6. Mother's Maiden Name " Chisom.
7. Mother's Birthplace Baltimore.
8. Full Name of Father J. Bosley Bond.
9. Father's Occupation Merchant.
10. Father's Birthplace Harford County Md.

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 139 Arlington Avenue.

Remarks Natural labor, [illegible] presentation.

Mother & child doing well.

[illegible] the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

16956

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Feb 16th 1877
4. Place of Birth (Street and Number) 341 W. Lombard St
5. Full Name of Mother Mary Etta Fowler
6. Mother's Maiden Name Mary Etta Jarboe
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Fowler
9. Father's Occupation Manufacturer
10. Father's Birthplace Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. B. Griffith

Address 50 McCulloh St

Remarks

16957

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febr. 16/77
4. *Place of Birth (Street and Number)* 179 S. Durham St.
5. *Full Name of Mother* Margaretha Dittelmeier
6. *Mother's Maiden Name* Margaretha Breller
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Joseph Dittelmeier
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. M. Leedener

*Address* 25 S. Durham St

*Remarks*

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16958

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th February
4. *Place of Birth (Street and Number)* Baltimore. No. 88 Parkin St
5. *Full Name of Mother* Emily White
6. *Mother's Maiden Name* Emily Amey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis White
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Mitchell

*Address* No. 122 Parkin St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16959

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 16 February |
| *4. Place of Birth (Street and Number)* | No 8 Monument St |
| *5. Full Name of Mother* | Margaret Holland |
| *6. Mother's Maiden Name* | Cannoly |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Richard Holland |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16960

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* mother 7 13 child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* colard

*3. Date of Birth* February 16 1877

*4. Place of Birth (Street and Number)* no 183 Dallas st

*5. Full Name of Mother* Julia green

*6. Mother's Maiden Name* Julia perry

*7. Mother's Birthplace* Baltimore md

*8. Full Name of Father* Henry green

*9. Father's Occupation* Lab Br chamberridge md

*10. Father's Birthplace* chamberridge md

*Name of Medical Attendant,* or other Person who makes this Return. Lear Walker

*Address* no 941 south dallas st

*Remarks*

16961

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 16th 1877
4. *Place of Birth (Street and Number)* No 2 hammon Street
5. *Full Name of Mother* Amanda daly leads
6. *Mother's Maiden Name* Amanda Daly
7. *Mother's Birthplace* Pensylvania
8. *Full Name of Father* Wm henry leads
9. *Father's Occupation* laborer
10. *Father's Birthplace* Pensylvania

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary l Simms

*Address* No 178 Chappel Street

*Remarks*

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16962

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb. 16th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Ramsey St No. 101 |
| *5. Full Name of Mother* | Mary Burns |
| *6. Mother's Maiden Name* | Mary Williams |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Peter Burns |
| *9. Father's Occupation* | Black Smith |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. C. Mitchell |
| *Address* | No. 122 Larkin St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16963

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 23 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Febry 16th 1877 |
| *4. Place of Birth (Street and Number)* | 146 Chesapeake St. Canton |
| *5. Full Name of Mother* | Emma Dawes |
| *6. Mother's Maiden Name* | Emma Allen |
| *7. Mother's Birthplace* | Philadelphia |
| *8. Full Name of Father* | Edward Dawes |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Balto. city |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M. D. |
| *Address* | 117 S. Broadway |
| *Remarks* | |

City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16964

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 21 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 15. 1877 |
| *4. Place of Birth (Street and Number)* | 61 Johnson st |
| *5. Full Name of Mother* | Anni Butler |
| *6. Mother's Maiden Name* | " " Casson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Robert L Barton |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Dorchester Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16965

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 16 February 1877

*4. Place of Birth (Street and Number)* 64 Front St.

*5. Full Name of Mother* Alvada Hess

*6. Mother's Maiden Name* Creamer

*7. Mother's Birthplace* U States of America

*8. Full Name of Father* James Edwin Hess

*9. Father's Occupation* Printer

*10. Father's Birthplace* U States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address* 52 E Lombard St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16966

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 16th. 1877.
4. Place of Birth (Street and Number) Cor Prestman & Fremont
5. Full Name of Mother J. Stickle
6. Mother's Maiden Name J. Lecompte
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo Stickle
9. Father's Occupation Car. Conductor.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. W. Harris

Address Cor. Stricker & Prestman

Remarks

# RETURN OF A BIRTH.

16967

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3 child |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | Feb. 16th 1877 |
| 4. *Place of Birth* (Street and Number) | No 10 Baker st. |
| 5. *Full Name of Mother* | Louisa Bockstahl |
| 6. *Mother's Maiden Name* | " Sower |
| 7. *Mother's Birthplace* | Hessen Darmstard |
| 8. *Full Name of Father* | Later August Bockstahl |
| 9. *Father's Occupation* | Later |
| 10. *Father's Birthplace* | Hessen Darmstard |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elizabeth Schmidt |
| *Address* | 1946 Penn Ave |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ty of Baltimore, shall report to the registrar aforesaid, e date of birth sex, and color of the child or children till born or not, the full name, nativity, and residence other of such child or children.

# RETURN OF A BIRTH.

16968

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
19
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Sixth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Black

*3. Date of Birth* Sixteenth February

*4. Place of Birth (Street and Number)* 202 Bond Street

*5. Full Name of Mother* Mary Blanche Lowe

*6. Mother's Maiden Name* Mary Blanche Henshaw

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Hugh Humphrey Lowe

*9. Father's Occupation* Engineer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dr Woodman

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16969

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth the 17 of June 1877
4. Place of Birth (Street and Number) No. 33 May Street
5. Full Name of Mother Matilda Bank
6. Mother's Maiden Name ~~[illegible]~~ ~~[illegible]~~
7. Mother's Birthplace Dorsetown County
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Rosa William

Address No 70 Chestnut Street

Remarks Mother And Child doing Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16970

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) the 1st

1. *Sex* (state whether Male or Female) Male twin the

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* born on the 17th of February 1877

4. *Place of Birth* (Street and Number) No 1½ Calverton Road

5. *Full Name of Mother* Rose Schleuther

6. *Mother's Maiden Name* L. Pehn

7. *Mother's Birthplace* born in Hanover Germany

8. *Full Name of Father* Christian Schleuther

9. *Father's Occupation* Laborer

10. *Father's Birthplace* born in Weimar Germany

*Name of Medical Attendant*, or other Person who makes this Return. Mrs. Hilda

*Address* No 57 Smallwood St.

*Remarks*

16971

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Femail
2. Race or Color (if not of the white race) Colland
3. Date of Birth Feb 17. 1877
4. Place of Birth (Street and Number) No 12 Salsbury Court
5. Full Name of Mother Luesa Williams
6. Mother's Maiden Name
7. Mother's Birthplace Balt Md
8. Full Name of Father A Quash
9. Father's Occupation Barber
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Charlott Willson

Address No 82 Forrest St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16972

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | ~~[illegible]~~ White |
| *3. Date of Birth* | ~~[illegible]~~ 17 February |
| *4. Place of Birth (Street and Number)* | 222 Orleans St |
| *5. Full Name of Mother* | Martha Amos |
| *6. Mother's Maiden Name* | Mears |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John T Amos |
| *9. Father's Occupation* | Hod Carrier |
| *10. Father's Birthplace* | Harford County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16973

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Feb. 19th 1877.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 17th 1877.
4. *Place of Birth (Street and Number)* 6 Cassel St.
5. *Full Name of Mother* Dina Freund.
6. *Mother's Maiden Name* Dina Mieddeke.
7. *Mother's Birthplace* Germania.
8. *Full Name of Father* Andrew Freund.
9. *Father's Occupation* Bricksleyer.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend.

*Address* No. 137 Wolfe St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16974

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 17th 1877
4. Place of Birth (Street and Number) No 162 N. Gay St.
5. Full Name of Mother Frances Mary
6. Mother's Maiden Name Frances Wallace
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Murray
9. Father's Occupation Coach Painter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 181 N. Central avenue Baltimore City

Remarks Favorable Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16975

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Feb 17th 1877

*4. Place of Birth (Street and Number)* 160 160 Boston st

*5. Full Name of Mother* Magdelen Behrens

*6. Mother's Maiden Name* " Ramsauer

*7. Mother's Birthplace* City

*8. Full Name of Father* Jacobl C C Behrens

*9. Father's Occupation* Cigar Maker

*10. Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Buchmann

*Address* 120 Bank st

*Remarks*

*within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

16996

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 17th 1877 |
| *4. Place of Birth (Street and Number)* | 19 99 E Pratt |
| *5. Full Name of Mother* | Etta Wilgruls |
| *6. Mother's Maiden Name* | " Cramer |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Ulrich Wilgruls |
| *9. Father's Occupation* | Agent |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Miss E Bushman |
| *Address* | 121 Bank st |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16977

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 Feb
4. *Place of Birth (Street and Number)* 59 Henrietta A
5. *Full Name of Mother* Louisa Chance
6. *Mother's Maiden Name* Louisa Henegan
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Theodore Chance
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Marcus Hook

*Name of Medical Attendant,* or other Person who makes this Return. Mrs A K Caskey

*Address* 134 Hamburg St

*Remarks*

To the Office of Registrar of Vital Statistics, Board of Health, City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16978

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 17th 1877
4. Place of Birth (Street and Number) 21 Mount St
5. Full Name of Mother Ema Slyder
6. Mother's Maiden Name — — Nith
7. Mother's Birthplace Baltimore
8. Full Name of Father Izador Slyder
9. Father's Occupation Butcher
10. Father's Birthplace Chambersburg Va

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 59 Fredrick a D

Remarks

[illegible] of the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16979

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* Feb the 17 1877

*4. Place of Birth (Street and Number)* Balt No 13 Jordan Alley

*5. Full Name of Mother* Frances Bailey

*6. Mother's Maiden Name* Neal

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Jenkins Bailey

*9. Father's Occupation* Waiter

*10. Father's Birthplace* Baltimore md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mary A Dorsey

*Remarks* No 83 Oxford St

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16980

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 23 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 Febuary 1877
4. *Place of Birth (Street and Number)* 46 Paterson Park Avnue
5. *Full Name of Mother* Hart ann Buck
6. *Mother's Maiden Name* Harit ann Fergesson
7. *Mother's Birthplace* Baltimor City
8. *Full Name of Father* George Buck
9. *Father's Occupation* Boleh maker
10. *Father's Birthplace* Balting City

*Name of Medical Attendant, or other Person who makes this Return.* Louisa Wiley

*Address* No 12 Paterson Park Avnue

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16981

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | Feb 17th 1877 |
| 4. Place of Birth (Street and Number) | No 298 Hannover st. |
| 5. Full Name of Mother | Margarethe Cramer |
| 6. Mother's Maiden Name | Kreger |
| 7. Mother's Birthplace | America |
| 8. Full Name of Father | Frank Cramer |
| 9. Father's Occupation | store keeper |
| 10. Father's Birthplace | America |
| Name of Medical Attendant, or other Person who makes this Return. | J. Lechwasser midwife |
| Address | 213 Cross st. |
| Remarks | |

16982

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3 ed Child |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | Feb 17 th 1877 |
| 4. Place of Birth (Street and Number) | No. 712 Light st. |
| 5. Full Name of Mother | Cristiana Werlein |
| 6. Mother's Maiden Name | Wiese |
| 7. Mother's Birthplace | Germany |
| 8. Full Name of Father | John Werlein |
| 9. Father's Occupation | Storekeeper |
| 10. Father's Birthplace | America |
| Name of Medical Attendant, or other Person who makes this Return. | J. Lohwasser-midwife |
| Address | 273 Cross st. |
| Remarks | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16983

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth th 17 February th 1877
4. Place of Birth (Street and Number) No 94 Chesnut Street
5. Full Name of Mother Gregg Long
6. Mother's Maiden Name Grange Hawsey
7. Mother's Birthplace Summer Sett County
8. Full Name of Father Grang Longs
9. Father's Occupation Labor
10. Father's Birthplace Sumer Set County

Name of Medical Attendant, or other Person who makes this Return. Rose

Address William No 70 Chesnut Street

Remarks

[illegible] of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

169811

# RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 17 February th 1877

*4. Place of Birth (Street and Number)* No 225 French Street

*5. Full Name of Mother* Mary M Johnson

*6. Mother's Maiden Name* Mary M Crummerland

*7. Mother's Birthplace* Norfolk County

*8. Full Name of Father* James L Johnson

*9. Father's Occupation* Labor Pilar

*10. Father's Birthplace* Carroling County Va

*Name of Medical Attendant,* or other Person who makes this Return. Rosy Wilkins

*Address* No 70 Chestnut

*Remarks* Street Mother And Sheet

Dairy Well

16985

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 21 1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) weiß.
3. Date of Birth den 17. Febr. 1877.
4. Place of Birth (Street and Number) Baltimore. Robinson St.
5. Full Name of Mother Christina Vogel.
6. Mother's Maiden Name Herbert.
7. Mother's Birthplace Baiern.
8. Full Name of Father Adam Vogel.
9. Father's Occupation Tagelöhner.
10. Father's Birthplace Baiern.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott St. 61.

Remarks

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16986

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
21
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

*1. Sex (state whether Male or Female)* A Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 17 of February 1877

*4. Place of Birth (Street and Number)* 60 North Chappel st

*5. Full Name of Mother* Annie Hall Hole

*6. Mother's Maiden Name* A Single

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 71 North Chappel st for John Kunkel

*Remarks* Delicate

Hooper Jane.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16957

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
21
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | February 17th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore St. No 241. |
| *5. Full Name of Mother* | Mary Reuchers |
| *6. Mother's Maiden Name* | Mary Sitting |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Charles Reuchers |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dorothea Brune |
| *Address* | 114 Baltimore St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16988

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 2 child |
| 1. *Sex* (*state whether Male or Female*) | White Female |
| 2. *Race or Color* (*if not of the white race*) | White |
| 3. *Date of Birth* | Feb. 17. 6h 1877 |
| 4. *Place of Birth* (*Street and Number*) | Freeman street |
| 5. *Full Name of Mother* | Ella Ramsay |
| 6. *Mother's Maiden Name* | " Hunt. |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Hugh L. Ramsay |
| 9. *Father's Occupation* | Grocer |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Elizabeth Schmitt |
| *Address* | Dr. 470 Pennsylvania |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of such child or children

# RETURN OF A BIRTH.

16959

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second |
| *1. Sex* (~~state~~ whether Male or Female) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Feby 17th /77 |
| *4. Place of Birth* (Street and Number) | SE Cor Monument & Calvert |
| *5. Full Name of Mother* | Maria Tuttle |
| *6. Mother's Maiden Name* | Maria McCobb |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Jno Tuttle |
| *9. Father's Occupation* | Commission Merchant |
| *10. Father's Birthplace* | Nassau |
| *Name of Medical Attendant,* or other Person who makes this Return. | N. W. Kneass M.d |
| *Address* | 131 N Charles |
| *Remarks* | |

16990

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 19 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | male 4 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 4 Feb 1877 |
| *4. Place of Birth (Street and Number)* | 17 Eastern Avenue |
| *5. Full Name of Mother* | Bertha Lamb |
| *6. Mother's Maiden Name* | Bertha |
| *7. Mother's Birthplace* | U States of America |
| *8. Full Name of Father* | Henry Lamb |
| *9. Father's Occupation* | Lieutenant |
| *10. Father's Birthplace* | U States of America |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Cooper per J |
| *Address* | 52 E Lombard St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16991

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4 te |
| 1. Sex (state whether Male or Female) | Mädchen |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | 18. Februar 1877. |
| 4. Place of Birth (Street and Number) | Süd. Lethalstraße 184 |
| 5. Full Name of Mother | Katharina Adams |
| 6. Mother's Maiden Name | Hemminger |
| 7. Mother's Birthplace | Würtenberg |
| 8. Full Name of Father | Johann Adams |
| 9. Father's Occupation | Schiffarbeiter |
| 10. Father's Birthplace | Baltimore M. D. |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | Mrs. Louise Kraft. |
| Remarks | |

[illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16992

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Febry 18th 1877 7 o'clock P.M.

4. Place of Birth (Street and Number) 439 E. Baltimore St

5. Full Name of Mother Hattie Anna Bentley

6. Mother's Maiden Name Hattie A. Sherwood

7. Mother's Birthplace Baltimore City

8. Full Name of Father John E. Bentley

9. Father's Occupation Boiler Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. N. G. Keirle M.D.

Address 74 N. Paca St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16993

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 18. 1877
4. *Place of Birth (Street and Number)* 32 Gilmore St
5. *Full Name of Mother* Elizabeth Wilson
6. *Mother's Maiden Name* " Leebach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harry Wilson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Leebach

*Address* 439 west Pratt St

*Remarks*

...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16994

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
26
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 18/77
4. *Place of Birth (Street and Number)* No 187 W. Lombard St City
5. *Full Name of Mother* Hannie V Nolosom
6. *Mother's Maiden Name* Hannie V Cush
7. *Mother's Birthplace* Fredericksburg Va
8. *Full Name of Father* Richard Nolosom
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Jane Wannenberger

*Address* 23 N. Liberty St.

*Remarks*

---

*of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

16995

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 18th 1877 |
| *4. Place of Birth (Street and Number)* | No 164 E Pratt st |
| *5. Full Name of Mother* | Dora Mc Witt |
| *6. Mother's Maiden Name* | " Smith |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Wm Ferris Mc Witt |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bushman |
| *Address* | 211 Bank st |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16996

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 18th 1877
4. *Place of Birth (Street and Number)* No 29 McCulloch St
5. *Full Name of Mother* Charlotte E. Vickers
6. *Mother's Maiden Name* Charlotte E. Armstrong
7. *Mother's Birthplace* Baltimore County Maryland
8. *Full Name of Father* Frank Vickers
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. F. Hatard M.D.

*Address* No 114 Park Ave

*Remarks*

16997

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16998

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 18th 1877
4. Place of Birth (Street and Number) No 20 N Chappel str
5. Full Name of Mother Maggie Dennerlein
6. Mother's Maiden Name Bernhold
7. Mother's Birthplace Germany
8. Full Name of Father George Dennerlein
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str.

Remarks

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

(1) 16999

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female Child

2. Race or Color (if not of the white race) of the Colored Race

3. Date of Birth Feb the 18 1877

4. Place of Birth (Street and Number) Durham . t 8 7

5. Full Name of Mother Jane Roberson

6. Mother's Maiden Name Jane Dillin

7. Mother's Birthplace Dorchesster Co m d

8. Full Name of Father Samuel Roberson

9. Father's Occupation Oysters Shuckers

10. Father's Birthplace Dorchester Co m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Register . Street 130 Baltimore

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17000

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 18 February

*4. Place of Birth (Street and Number)* #118 Fayette Street

*5. Full Name of Mother* Mary Rohlfink

*6. Mother's Maiden Name* Hammerbach

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Fredrich Rohlfink

*9. Father's Occupation* None

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17001

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 6

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 18. 1877

*4. Place of Birth (Street and Number)* Orleans st 373

*5. Full Name of Mother* Apalona Schenig

*6. Mother's Maiden Name* Uodhaus

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Joseph Schenig

*9. Father's Occupation* Schuhmacher

*10. Father's Birthplace* Kirchzell Bayern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Baupach

*Address* S. Wolfstr No 28

*Remarks* Ward wife

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17002

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 21 1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* and

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* feb 18th 1877

*4. Place of Birth (Street and Number)* 15 Stockton ally

*5. Full Name of Mother* Cathen Hearn

*6. Mother's Maiden Name* Cathen thamo,

*7. Mother's Birthplace* Talbert Co

*8. Full Name of Father* thamos hearn

*9. Father's Occupation* Coachman

*10. Father's Birthplace* prince George Co

*Name of Medical Attendant,* or other Person who makes this Return. Challott Wam

*Address* 2 & 8 Rotary St

*Remarks* name

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17003

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the 2nd

*1. Sex (state whether Male or Female)* Male healthe

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* born on the 19th of Feb. 1877

*4. Place of Birth (Street and Number)* No. 197 Frederick Av.

*5. Full Name of Mother* Augusta L. Wehrhein

*6. Mother's Maiden Name* Ad. L. Scheib

*7. Mother's Birthplace* born in the City of Balto.

*8. Full Name of Father* Geo. Wehrhein

*9. Father's Occupation* Plumber

*10. Father's Birthplace* born in Darmstadt Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Hiller

*Address* No 57 Smallwood St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17004

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 19 February |
| *4. Place of Birth (Street and Number)* | McKim St |
| *5. Full Name of Mother* | Mary Drane |
| *6. Mother's Maiden Name* | Carr |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Drane |
| *9. Father's Occupation* | Milk Business |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17005

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Feb. 19th 1877.

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 19th 1877.
4. *Place of Birth (Street and Number)* 116 Washington St.
5. *Full Name of Mother* Maggie Groskopf.
6. *Mother's Maiden Name* Maggie Meftel
7. *Mother's Birthplace* ~~Germania~~ America
8. *Full Name of Father* Valentin Groskopf.
9. *Father's Occupation* Coopper.
10. *Father's Birthplace* ~~Germania~~ America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend

*Address* No. 137 Wolfe St.

*Remarks* —

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17006

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
26
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 19th 1877
4. *Place of Birth (Street and Number)* No. 5 5th Bond St
5. *Full Name of Mother* Mary K Walter
6. *Mother's Maiden Name* " " Long
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm T Walter
9. *Father's Occupation* R. R. Conductor.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Allwell

*Address* 186 McDonogh St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17007

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
26
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2nd |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Feby 19th |
| *4. Place of Birth* (Street and Number) | No 155 John st. |
| *5. Full Name of Mother* | Mary B Pitts |
| *6. Mother's Maiden Name* | Mary B Person |
| *7. Mother's Birthplace* | South Carolina |
| *8. Full Name of Father* | Chas H Pitts |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant*, or other Person who makes this Return. | Rufus Bucklin |
| *Address* | 135 n Charles st. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17008

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
26
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st, |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feby 19th 1877 |
| *4. Place of Birth (Street and Number)* | 69 S. Spring st. |
| *5. Full Name of Mother* | Mary Mulden |
| *6. Mother's Maiden Name* | Mary Kelly |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Mulden |
| *9. Father's Occupation* | Retail Store Keeper |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | John F. Monmonier M.D. |
| *Address* | S.W. Calvert & Read sts. |
| *Remarks* | |

Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17009

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | No 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb. 19th 77 |
| *4. Place of Birth (Street and Number)* | North Hugh St No. 177 |
| *5. Full Name of Mother* | Columbia Jane Hussey |
| *6. Mother's Maiden Name* | " " Randall |
| *7. Mother's Birthplace* | Missouri. Cape Jardeaux |
| *8. Full Name of Father* | James Riley Hussey |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | G. W. Wayson. M.D |
| *Address* | 18 Aisquith St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17010

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 16 1877 BALTIMORE.

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) female colored
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* 6 of Feb
4. *Place of Birth* (*Street and Number*) 19 Golden Alley Baltimore
5. *Full Name of Mother* Harriet Forester
6. *Mother's Maiden Name* Harriet
7. *Mother's Birthplace* Harford Co
8. *Full Name of Father* William Forester
9. *Father's Occupation* Porter
10. *Father's Birthplace* Dorchester Md

*Name of Medical Attendant,* or other Person who makes this Return. Dr Mosley and Lucy Cornish

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17011

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
19
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Februar 9d. 1877
4. *Place of Birth (Street and Number)* 20 Kastel Stret
5. *Full Name of Mother* Marie Ohlwertter
6. *Mother's Maiden Name* M. Rattman
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Kanral Ohlwertter
9. *Father's Occupation* Kabinatmaker
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. M. R. Rediger

*Address* 134 n. Bond Stret

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17012

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19th of February
4. Place of Birth (Street and Number) No. 421 West Mc. Henry st
5. Full Name of Mother Catherine Hoyle
6. Mother's Maiden Name Cathrine Handley
7. Mother's Birthplace Texas Baltimore county Maryland
8. Full Name of Father Alical Hoyle
9. Father's Occupation Lobster at mount clare Depot
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. M. J. Eman

Address No. 380 West Mc henry St

Remarks Strong healthy child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17013

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | first child |
| *1. Sex* (*state whether Male or Female*) | female |
| *2. Race or Color* (*if not of the white race*) | colored |
| *3. Date of Birth* | nineteenth inst |
| *4. Place of Birth* (*Street and Number*) | 95 wilcom alley |
| *5. Full Name of Mother* | rebecca coston |
| *6. Mother's Maiden Name* | rebecca turlington |
| *7. Mother's Birthplace* | colbert county |
| *8. Full Name of Father* | benjamine coston |
| *9. Father's Occupation* | laborer |
| *10. Father's Birthplace* | colbert county |
| *Name of Medical Attendant*, or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | no 4 pats ct avenue |
| *Remarks* | healthy child |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17014

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | One child |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White race |
| 3. Date of Birth | 19th of February |
| 4. Place of Birth (Street and Number) | Preston Street No. 29 |
| 5. Full Name of Mother | Mary Catherine Schanberger |
| 6. Mother's Maiden Name | Mary Catherine Joa |
| 7. Mother's Birthplace | Baltimore City |
| 8. Full Name of Father | Joseph C. Schanberger |
| 9. Father's Occupation | Shoemaker |
| 10. Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs. Dumler |
| Address | No. 60 N. H. Schroeder |
| Remarks | |

...advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17013

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
27
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 12 th February

4. *Place of Birth* (Street and Number) 374 William

5. *Full Name of Mother* Christiana Amberson

6. *Mother's Maiden Name* Christina Hoff

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Amberson

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* 16 29 Eighth

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17016

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 19th of February.

*4. Place of Birth (Street and Number)* No 5 Federal St

*5. Full Name of Mother* Sarah Sevenia Hitchcock

*6. Mother's Maiden Name* " " Anderson

*7. Mother's Birthplace* Baltimore County

*8. Full Name of Father* Jesse Augustus Hitchcock

*9. Father's Occupation* Engineer.

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17017

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Febr. 19th /77 |
| 4. Place of Birth (Street and Number) | Chappel st No. 34 |
| 5. Full Name of Mother | Mary Appel |
| 6. Mother's Maiden Name | " Adams |
| 7. Mother's Birthplace | Balto |
| 8. Full Name of Father | John Appel |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace | Germ. |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schutte |
| Address | Midwife |
| Remarks | 320 Allice Annast |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 7-8-55

17018

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 19 Feb 1877 |
| *4. Place of Birth (Street and Number)* | 74 Bank St. |
| *5. Full Name of Mother* | Hanna Bockelman |
| *6. Mother's Maiden Name* | Kiving |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Fredrich Bockelman |
| *9. Father's Occupation* | House-carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Gertraud Miller |
| *Address* | 151 E Pratt St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17019

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 19 February |
| *4. Place of Birth (Street and Number)* | 66 Central Ave |
| *5. Full Name of Mother* | Ellen Elie |
| *6. Mother's Maiden Name* | Rohlfink |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Elie |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophie Simon |
| *Address* | No 70 Granby Street |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17020

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 8 to

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* February 19. 1877

*4. Place of Birth (Street and Number)* Lambardstr No 352.

*5. Full Name of Mother* Franciska Dedio

*6. Mother's Maiden Name* Weigert

*7. Mother's Birthplace* Hohenburg Poeiern

*8. Full Name of Father* Petrus Dedio

*9. Father's Occupation* Brikslegen

*10. Father's Birthplace* Hochelheim Poeiern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Braunach

*Address* S. Wolf str No 28

*Remarks* Und wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17021

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 23 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3th

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 Tebruar
4. *Place of Birth (Street and Number)* 245 Alekscander Street
5. *Full Name of Mother* Anna Bolcer
6. *Mother's Maiden Name* Filiposka
7. *Mother's Birthplace* Gueren Germany
8. *Full Name of Father* Teodor Filiporkai
9. *Father's Occupation* ~~Janevice~~ ———
10. *Father's Birthplace* ~~Janovice~~

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner.

*Address* Wolf Stret 245.

*Remarks*

---

*...y of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17022

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 21 1877
BALTIMORE.

*No. of Child of Mother* (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* February 19 '77
4. *Place of Birth* (Street and Number) 382 W. Lombard St.
5. *Full Name of Mother* Laura I. Brooks
6. *Mother's Maiden Name* Laura I. Bell
7. *Mother's Birthplace* Anne Arundel Co. Md.
8. *Full Name of Father* William E. Brooks
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Westminster Md.

*Name of Medical Attendant,* or other Person who makes this Return. John I. R. Frazer Md.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17028

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 20th Feb 1877 |
| *4. Place of Birth (Street and Number)* | Fort avenue No 92 |
| *5. Full Name of Mother* | Maria Luhrad |
| *6. Mother's Maiden Name* | Maria Losser |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Chris Luhrad |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs D Brune |
| *Address* | 114 Battery Ave Baltimore |
| *Remarks* | |

# RETURN OF A BIRTH.

17024

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

Bertha Louise Young

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 20th 1877
4. *Place of Birth (Street and Number)* No 1 Woodward
5. *Full Name of Mother* Louise Young
6. *Mother's Maiden Name* Bohemia
7. *Mother's Birthplace* Montgomery County
8. *Full Name of Father* John Young
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Catonsville

*Name of Medical Attendant,* or other Person who makes this Return. Mary Shaw

*Address* 328 S Eutaw St

*Remarks* GIVEN NAME ADDED. 1-6-53

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17025

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fourth chd

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* Feby 20 1877

*4. Place of Birth (Street and Number)* N W Cor Paca & Balt Balt

*5. Full Name of Mother* Mary Brown

*6. Mother's Maiden Name* " Kerns

*7. Mother's Birthplace* N York

*8. Full Name of Father* J Henderson Brown

*9. Father's Occupation* Agent

*10. Father's Birthplace* Balt Md

*Name of Medical Attendant,* or other Person who makes this Return. C Hatton M D

*Address* 25 Franklin Balt

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17026

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
24
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 20th 1877

*4. Place of Birth (Street and Number)* Randall St No 7

*5. Full Name of Mother* Emeline ~~Jaff~~ Oneal

*6. Mother's Maiden Name* Emeline Jaff

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* James Oneal

*9. Father's Occupation* Fireman

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary E Anderson

*Address* No 22 Lamberg Street

*Remarks*

*City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17027

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) French
3. Date of Birth 20 Feb 1877
4. Place of Birth (Street and Number) Orleans Street 349
5. Full Name of Mother Julia Dbts
6. Mother's Maiden Name Julia Hillard
7. Mother's Birthplace France
8. Full Name of Father William Dbts
9. Father's Occupation Pressman
10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return. J E Shafe

Address 211 Aisquith

Remarks

...advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17028

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* Collard

*3. Date of Birth* feb 20th 1877

*4. Place of Birth (Street and Number)* no 8 parish st

*5. Full Name of Mother* Joby Walsh

*6. Mother's Maiden Name* Joby Ensal

*7. Mother's Birthplace* Calbert Co

*8. Full Name of Father* Thomas Walsh

*9. Father's Occupation* Stevedoing

*10. Father's Birthplace* Calbert Co

*Name of Medical Attendant,* or other Person who makes this Return. C H Warm

*Address* 258 W Raboy St

*Remarks* none

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17029

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Februar 20d. 1877
4. *Place of Birth (Street and Number)* 107 S. Chabbel Street
5. *Full Name of Mother* dorotea Rasch
6. *Mother's Maiden Name* Dor. Lilschke
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Johan Rasch
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germone

*Name of Medical Attendant,* or other Person who makes this Return. M. R. Rudiger

*Address* 134 N. Bond Sta.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17030

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 20th 1877
4. Place of Birth (Street and Number) No 7 Woodward St
5. Full Name of Mother Mary C. Derr
6. Mother's Maiden Name " " Miller
7. Mother's Birthplace Dolphin Co Pensylvania
8. Full Name of Father Wm C. Derr
9. Father's Occupation Carpenter
10. Father's Birthplace City of Balto

Name of Medical Attendant, or other Person who makes this Return. Inv. D Blake Md

Address 140 Scott St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17031

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth (4th) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 20th 1877 |
| *4. Place of Birth (Street and Number)* | 36 Spring St |
| *5. Full Name of Mother* | Barbara Behrens |
| *6. Mother's Maiden Name* | Barbara Wollmer |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | H. Behrens |
| *9. Father's Occupation* | Morocco Dresser |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A. Winter |
| *Address* | 178 Harford Ave |
| *Remarks* | |

17032

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 20th 1877

*4. Place of Birth (Street and Number)* No. 399 Spring St.

*5. Full Name of Mother* Mary Lacy

*6. Mother's Maiden Name* Mary Bryne

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Peter Lacy

*9. Father's Occupation* Machinist

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Ball

*Address* No. 181 N. Central avenue, Baltimore City

*Remarks* All well

[illegible] six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17033

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 20th 1877
4. Place of Birth (Street and Number) 4 12 Chase st
5. Full Name of Mother Elizabeth Abraham
6. Mother's Maiden Name " Bakker
7. Mother's Birthplace City
8. Full Name of Father James Abraham
9. Father's Occupation Ship Carpenter
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bussleman

Address 120 Bank st.

Remarks

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17034

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 20th 1877
4. Place of Birth (Street and Number) Cor Spring & Bank stos
5. Full Name of Mother Anna Smuck
6. Mother's Maiden Name " Miller
7. Mother's Birthplace Germany
8. Full Name of Father Ditrich J. Smuck
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bustemann

Address 126 Bank st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17035

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 21 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth Child

*1. Sex (state whether Male or Female)* Last A Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Born the 20th of February 1877

*4. Place of Birth (Street and Number)* 90 North Chappel st

*5. Full Name of Mother* Kuni I Rode

*6. Mother's Maiden Name* Kuni E Andress

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Max Andres

*9. Father's Occupation* Labor man

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunde

*Address* 71 North Chappel st 1st John Kunde

*Remarks* Healthy

[illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17036

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 Children

*1. Sex (state whether Male or Female)* girl

*2. Race or Color (if not of the white race)* Wite

*3. Date of Birth* 20 February

*4. Place of Birth (Street and Number)* Stockton ass No 52

*5. Full Name of Mother* Catharine Menke

*6. Mother's Maiden Name* Catharine ~~[illegible]~~ Blake

*7. Mother's Birthplace* corner Baltimor organ st

*8. Full Name of Father* John R Minke

*9. Father's Occupation* Batcher

*10. Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return. Miss Lindner

*Address* 45 Monro st

*Remarks*

...ervise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17037

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 20. 1877
4. *Place of Birth (Street and Number)* Jackson Square Do. No. 42
5. *Full Name of Mother* Anna V. Strauss
6. *Mother's Maiden Name* Anna V. Hartmann
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Johann P. Strauss
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Howard County, State of Maryland

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

1738

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
OCT
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th child

1. *Sex (state whether ~~Male or~~ Female)*

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* February the 20th 1877

4. *Place of Birth (Street and Number)* Portugall Alley No 10.

5. *Full Name of Mother* Barbara Jung

6. *Mother's Maiden Name* Barbara Orth

7. *Mother's Birthplace* Heilbronn W. Bairen Germany

8. *Full Name of Father* Heinrich Jung

9. *Father's Occupation* Moulder

10. *Father's Birthplace* Angerod. Gr. Hessen Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Miller

*Address* W. Dallas St. No 26.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17039

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 20 1877

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* Kate [illegible] an Walker

*6. Mother's Maiden Name* Kate Hoffman

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* George Walker

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Balt

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Nash

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17040

HEALTH DEPARTMENT
FEB 23 1877
BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 Child

*1. Sex (state whether Male or Female)* ~~May 2 Round~~ Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 20 of February 1877

*4. Place of Birth (Street and Number)* No 11 Britton Street

*5. Full Name of Mother* May H Ramsey

*6. Mother's Maiden Name* May H Lewis

*7. Mother's Birthplace* West Maddel sea

*8. Full Name of Father* Henry Ramsey

*9. Father's Occupation* Labor

*10. Father's Birthplace* West Maddel

*Name of Medical Attendant,* or other Person who makes this Return. Rosa William

*Address* No 70 Thurmer Street

*Remarks* Mother and Child doing Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17041

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. Sex (state whether Male or Female) | ~~Female~~ Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | February 20th 1877, |
| 4. Place of Birth (Street and Number) | 463½ Saratoga st. |
| 5. Full Name of Mother | Julia Whitson. |
| 6. Mother's Maiden Name | |
| 7. Mother's Birthplace | Baltimore City |
| 8. Full Name of Father | William Whitson |
| 9. Father's Occupation | Agt W. & W. S. M. Co. |
| 10. Father's Birthplace | Baltimore City. |
| Name of Medical Attendant, or other Person who makes this Return. | John C Pennington M.D. |
| Address | 98 N Green st. |
| Remarks | |

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17042

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 20th of February
4. Place of Birth (Street and Number) Cathedral St. 355
5. Full Name of Mother Elizabeth Bertha Hobbs
6. Mother's Maiden Name " " Vester
7. Mother's Birthplace Baltimore
8. Full Name of Father James Buchannan Hobbs
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. 369 Cath Charlotte Crosby

Address 369 Cathedral St.

Remarks

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17043

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 20 of Febury 1877.
4. Place of Birth (Street and Number) No 278 Biddil st,
5. Full Name of Mother Susia Fligel
6. Mother's Maiden Name Susia Chickstine, 14
7. Mother's Birthplace in Germeny.
8. Full Name of Father Adolf Fligel,
9. Father's Occupation labor work
10. Father's Birthplace in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelstingen

Address No 14 Union st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17044

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2 nd child |
| 1. *Sex* (state whether Male or Female) | female |
| 2. *Race or Color* (if not of the white race) | colored |
| 3. *Date of Birth* | 20 inst |
| 4. *Place of Birth* (Street and Number) | 107 plummbally |
| 5. *Full Name of Mother* | mary jackson |
| 6. *Mother's Maiden Name* | mary smith |
| 7. *Mother's Birthplace* | colbert county |
| 8. *Full Name of Father* | william jackson |
| 9. *Father's Occupation* | jailor |
| 10. *Father's Birthplace* | colbert county |
| *Name of Medical Attendant*, or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | 11 hulbs co avenue |
| *Remarks* | healthy child |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17045

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | Feb 7th 1877 |
| *4. Place of Birth (Street and Number)* | Central av # 42 |
| *5. Full Name of Mother* | Kate Cooper |
| *6. Mother's Maiden Name* | " Kroner |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | John Cooper |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Kellig |
| *Address* | 48 Holland St |
| *Remarks* | |

*within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17046

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No. 3.

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb. 20th 77

*4. Place of Birth (Street and Number)* 386 E. Eager

*5. Full Name of Mother* Eliza Jane Bloxham

*6. Mother's Maiden Name* " " Fields

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* Richard John Bloxham

*9. Father's Occupation* Telegraph Operator

*10. Father's Birthplace* England

*Name of Medical Attendant,* or other Person who makes this Return. G. W. Wayson

*Address* 18 Hisquett St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17047

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb, 20, 1877 |
| *4. Place of Birth (Street and Number)* | No 147 William St |
| *5. Full Name of Mother* | Fanchie Ford |
| *6. Mother's Maiden Name* | Francis Moss |
| *7. Mother's Birthplace* | Ma |
| *8. Full Name of Father* | Henry Ford |
| *9. Father's Occupation* | Machanic |
| *10. Father's Birthplace* | Ma |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. B. Roth M.D. |
| *Address* | 17 Main St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17th 17248

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 24 1877
BALTIMORE

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th Children

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 21st Feb

*4. Place of Birth (Street and Number)* Baltimore Fort Ave No 2

*5. Full Name of Mother* Louisa Rodgers

*6. Mother's Maiden Name* Louisa Conway

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Joseph Rodgers

*9. Father's Occupation* Worker

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Conway

*Address* No. 131. Battery Avenue. Balto. Md

*Remarks*

17049

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd John George

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 Feb
4. *Place of Birth (Street and Number)* 243 Montgomery st
5. *Full Name of Mother* Elizabeth Eder
6. *Mother's Maiden Name* Schwarz
7. *Mother's Birthplace* Switzerland
8. *Full Name of Father* Jacob Eder
9. *Father's Occupation* Saylor
10. *Father's Birthplace* Bavern

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw st.

*Remarks* Name added 9/14/36

Cert

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17059

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 3d |
| *1. Sex* (*state whether Male or Female*) | Female |
| *2. Race or Color* (*if not of the white race*) | White |
| *3. Date of Birth* | 24 Feb. 1877 |
| *4. Place of Birth* (*Street and Number*) | No 13 Parker st. |
| *5. Full Name of Mother* | Lizzie Weaver |
| *6. Mother's Maiden Name* | Lizzie Gilpersen |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Henry Weaver |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Walsh |
| *Address* | 125 N. Caroline st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17051

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

*No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, ~~&c~~)*

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 21 Februar
4. *Place of Birth (Street and Number)* 25 Hird Stritt
5. *Full Name of Mother* Maria Leibold
6. *Mother's Maiden Name* Wa Gatt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andreas Leibold
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Stritt

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17052

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 26 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the wh[illegible]* Weiß
3. *Date of Birth* [illegible] Februar
4. *Place of Birth (Street and Number)* 71 Leatenhall Strit
5. *Full Name of Mother* Dina Boss
6. *Mother's Maiden Name* Dina Roy
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Joseph Boss
9. *Father's Occupation* Schreiner
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strit

*Remarks*

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and resi[illegible] of the parents, and the maiden name of the mother of such child or children.

17053

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 21st 1877

*4. Place of Birth (Street and Number)* No 47 Stiles St Balto

*5. Full Name of Mother* Annie E Wyatt

*6. Mother's Maiden Name* " " Dobin

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Joseph E Wyatt

*9. Father's Occupation* Painter

*10. Father's Birthplace* Balto Maryland

*Name of Medical Attendant,* or other Person who makes this Return. J Ridgway Andre M.D.

*Address* No 121 E Balto St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

170511

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 21st 1877
4. *Place of Birth (Street and Number)* 105 Hillen st
5. *Full Name of Mother* Helen Baptistella
6. *Mother's Maiden Name* Helen Hoffman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Baptistella
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegent

*Address* No 152 E Monument st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17055

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 21st 1877
4. Place of Birth (Street and Number) No 73 McCullough st Balti City
5. Full Name of Mother Cecilia Yearley
6. Mother's Maiden Name " Indick
7. Mother's Birthplace Balti
8. Full Name of Father Alexander Yearley Jr
9. Father's Occupation Property Agent
10. Father's Birthplace Balti Co

Name of Medical Attendant, or other Person who makes this Return. James A Stewart M.D.

Address 93 Park ave

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17056

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 21 February |
| *4. Place of Birth (Street and Number)* | 325 North Dallars Street. |
| *5. Full Name of Mother* | Rosina Albrecht |
| *6. Mother's Maiden Name* | " Gress. |
| *7. Mother's Birthplace* | Gissigheim. Baaden. |
| *8. Full Name of Father* | Wilhelm Albrecht. |
| *9. Father's Occupation* | Street. paver |
| *10. Father's Birthplace* | Königheim. Baaden. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wallburga Müller. |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. C. 17057

HEALTH DEPARTMENT
FEB 23 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1 st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 st february
4. *Place of Birth (Street and Number)* Eden st No 127
5. *Full Name of Mother* Emilie Hirsch
6. *Mother's Maiden Name* Emily Joseph
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Hirsch
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Guy

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

(over)

17058

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
28
1877
BALTIMORE.

Name of Child: ELMER B. HOBBS

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Feb 21st 1877
4. Place of Birth (Street and Number) 34 Myrtle Ave
5. Full Name of Mother Camilla S. Hobbs
6. Mother's Maiden Name Camilla S. Kesler
7. Mother's Birthplace Baltimore
8. Full Name of Father George F. Hobbs
9. Father's Occupation Conductor
10. Father's Birthplace Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. J. R. Uhler M.D.

Address 234 W. Fayette St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17059

17059

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Febr. 21/77 |
| *4. Place of Birth (Street and Number)* | Madera alley No. 315 |
| *5. Full Name of Mother* | Maggy Bonnet |
| *6. Mother's Maiden Name* | Voigt |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Jakey Bonnet |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schultze |
| *Address* | Midwife |
| *Remarks* | 320 Allica Anna st. |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17060

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 21 Feb 1877 |
| *4. Place of Birth (Street and Number)* | 48 Stiles St. |
| *5. Full Name of Mother* | Martha Elizabeth Reif |
| *6. Mother's Maiden Name* | Dutel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John J. Reif |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Gertrude Miller |
| *Address* | 151 E Pratt St. |
| *Remarks* | |

# RETURN OF A BIRTH.

17061

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
25
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st birth |
| *1. Sex (state whether Male or Female)* | Twins (both females |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21st February 1877 |
| *4. Place of Birth (Street and Number)* | 219 Pearce st |
| *5. Full Name of Mother* | Abbey Brown |
| *6. Mother's Maiden Name* | Abbey Schwikert |
| *7. Mother's Birthplace* | Balto City Md |
| *8. Full Name of Father* | Adolph Brown |
| *9. Father's Occupation* | Machinest |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | D. P. Hoffman M. D. |
| *Address* | 279 West Lexington |
| *Remarks* | |

...of Baltimore, shall report to the registrar aforesaid, ... date of birth, sex, and color of the child or children ... born, its or their physical condition, whether still born or not, the full name, nativity, and residence ... of the parents, and the maiden name of the mother ... such child or children

# RETURN OF A BIRTH.

17062

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child
*1. Sex (state whether Male or Female)* Girl & Boy
*2. Race or Color (if not of the white race)* White
*3. Date of Birth* Born the 21 of February 1877
*4. Place of Birth (Street and Number)* 631 North Chapel st
*5. Full Name of Mother* Maggie Lutz
*6. Mother's Maiden Name* Maggie Reuter
*7. Mother's Birthplace* Baltimore
*8. Full Name of Father* Wm Joseph Weber
*9. Father's Occupation* Tailor
*10. Father's Birthplace* Germany
*Name of Medical Attendant,* or other Person who makes this Return. Presentid Kunkel
*Address* 71 North Chapel st. Johan Kunkel
*Remarks* Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17063

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex* (state whether Male or Female) girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 21 Februar
4. *Place of Birth* (Street and Number) 265 Dallas Strait
5. *Full Name of Mother* Agnes Luft
6. *Mother's Maiden Name* Majer
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Kart Majer
9. *Father's Occupation* ———
10. *Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* Wolf Street 245.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17064

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
24
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 22 February |
| *4. Place of Birth (Street and Number)* | 17 Constitution St |
| *5. Full Name of Mother* | Anna Kelly |
| *6. Mother's Maiden Name* | McKittrick |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Terrance Kelly |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula Schryver |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17065

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 5th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | January the 22nd 1877 |
| *4. Place of Birth (Street and Number)* | c/e 315 Eastern avenue |
| *5. Full Name of Mother* | Sarah Hamilton c/ Birmingham |
| *6. Mother's Maiden Name* | Sarah Hamilton |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Birmingham |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary E Simms |
| *Address* | No 178 Aliceanna Street |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17066

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
24
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 22nd Feb 1877 |
| *4. Place of Birth (Street and Number)* | Battery Ave No 184 |
| *5. Full Name of Mother* | Sophia Weilert |
| *6. Mother's Maiden Name* | Sophia Beinhart |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Rachus Weilert |
| *9. Father's Occupation* | Store keeper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return* | Brothers Bruns |
| *Address* | 114 Battery Ave Baltimore |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17067

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT F[redacted] 24 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 22nd 1877 Feb
4. Place of Birth (Street and Number) Clement St 137
5. Full Name of Mother Catherine Schelt
6. Mother's Maiden Name Catherine Hilberg
7. Mother's Birthplace Germany
8. Full Name of Father John Schelt
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruine

Address 114 Battery Ave Baltimore Md

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17068

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 24 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 22

*4. Place of Birth (Street and Number)* Barre St No 75

*5. Full Name of Mother* Eliza Wooman

*6. Mother's Maiden Name* Boldner

*7. Mother's Birthplace* Bavaria

*8. Full Name of Father* Wm Strohman

*9. Father's Occupation* Baker

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 324 S. Eutaw St.

*Remarks*

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17069

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or ~~Female~~)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth* February 22nd 1877

*4. Place of Birth (Street and Number)* 152 Nat. Dallas St.

*5. Full Name of Mother* Mary Leslie Meyers

*6. Mother's Maiden Name* Mary Leslie Miller

*7. Mother's Birthplace* Newark New Jersey

*8. Full Name of Father* Charles Walter Meyers

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Long Island New York

*Name of Medical Attendant,* or other Person who makes this Return. E. Geo. Walls

*Address* 181 E Monument St.

*Remarks* A remarkably healthy child

of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of such child or children.

# RETURN OF A BIRTH.

17070

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
26
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | Colored race |
| 3. *Date of Birth* | Feb 22nd |
| 4. *Place of Birth* (Street and Number) | No 164 Durham St |
| 5. *Full Name of Mother* | Mary Thomas Brown |
| 6. *Mother's Maiden Name* | ~~[illegible]~~ Milly Wealthy |
| 7. *Mother's Birthplace* | Cambridge |
| 8. *Full Name of Father* | Geo. Thomas Brown |
| 9. *Father's Occupation* | Oysterman |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Louisa Seaton |
| *Address* | 111 South Dallas St |
| *Remarks* | |

17071

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** Febuar

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Febuar 22nd 1877
4. Place of Birth (Street and Number) No 164 Cor Wolfert Park St
5. Full Name of Mother W. Seibel
6. Mother's Maiden Name G. Peter
7. Mother's Birthplace America
8. Full Name of Father Henry Seibel.
9. Father's Occupation Cigarmaker
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mr. R. Amend

Address No 187 S Wolf Street

Remarks —

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17072

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
26
1877
BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 22 Februar
4. *Place of Birth (Street and Number)* 162 Hamburg Strift
5. *Full Name of Mother* Elise Reuling
6. *Mother's Maiden Name* Elise Jungel
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Friedrich Reuling
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Munch

*Address* 14 Leatenhall Strift

*Remarks*

...ave at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17073

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 26 1877
BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Feby 22' 77 |
| 4. Place of Birth (Street and Number) | 71 N. Shroder St |
| 5. Full Name of Mother | Sarah Harkens |
| 6. Mother's Maiden Name | Sarah Flynn |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | John Harkens |
| 9. Father's Occupation | Horse Shoer |
| 10. Father's Birthplace | |
| Name of Medical Attendant, or other Person who makes this Return. | A H Saffin, M.D. |
| Address | 543 Lexington St |
| Remarks | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17074

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st " |
| *1. Sex (state whether Male or Female)* | Female, |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb. 22nd " 1877 |
| *4. Place of Birth (Street and Number)* | 96 S. Bond St. |
| *5. Full Name of Mother* | Cordelia Dunning |
| *6. Mother's Maiden Name* | " Gray |
| *7. Mother's Birthplace* | Balt. Md. |
| *8. Full Name of Father* | Wm. Elias Dunning |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Fair Haven, Conn. |
| *Name of Medical Attendant, or other Person who makes this Return.* | G. Granville Peck M.D. |
| *Address* | Balt. & Wash. sts. |
| *Remarks* | Natural |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17075

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
27
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb. 22. 1877 |
| *4. Place of Birth (Street and Number)* | 493 Lawale st |
| *5. Full Name of Mother* | L. Sarah Weddenburn |
| *6. Mother's Maiden Name* | Adelsperger |
| *7. Mother's Birthplace* | Arkansas |
| *8. Full Name of Father* | Alex. Geo. Weddenburn, |
| *9. Father's Occupation* | Editor |
| *10. Father's Birthplace* | New Orleans, La |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. L. Ingle |
| *Address* | 247 Lawale st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17076

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 22d 1877
4. Place of Birth (Street and Number) 44 Wane Street
5. Full Name of Mother Delia Larkins
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 7 Burgundy Alley

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17077

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th and 5th

*1. Sex (state whether Male or Female)* (2) Male

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* February 22nd

*4. Place of Birth (Street and Number)* Washington road no 12

*5. Full Name of Mother* Lizzie Dobro

*6. Mother's Maiden Name* Lizzie Kruefkin

*7. Mother's Birthplace* Germany

*8. Full Name of Father* John Dobro

*9. Father's Occupation* Milk Dealer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. C. L. Buddenbohn M.D.

*Address* 10 E Columbia St

*Remarks*

# RETURN OF A BIRTH.

17078

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 2d

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) Negro.

3. *Date of Birth* Feby 22 1877

4. *Place of Birth* (*Street and Number*) 136 Hoffman St

5. *Full Name of Mother* Mary Bell

6. *Mother's Maiden Name* Mary Burroughs

7. *Mother's Birthplace* Relreston Va

8. *Full Name of Father* Chas Bell

9. *Father's Occupation* Waiter

10. *Father's Birthplace*

*Name of Medical Attendant, or other Person who makes this Return.* Thomas A Dixon M D

*Address* Park Avenue & Lanvale St

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17079

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 2nd child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February the 22nd 1877 |
| *4. Place of Birth (Street and Number)* | 164 Madeira Alley |
| *5. Full Name of Mother* | Kate Gilbert Smith |
| *6. Mother's Maiden Name* | Kate Gilbert |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Yorge Smith |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary L Simms |
| *Address* | No 203 Washington Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

#17080

17081

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~) 1

1. Sex (~~state whether~~ Male ~~or Female~~) 1
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Feby 22nd 1877
4. Place of Birth (Street and Number) 96 Myrtle Ave
5. Full Name of Mother Anna S. Millison
6. Mother's Maiden Name Anna S. Gavagan
7. Mother's Birthplace Harpers Ferry Va
8. Full Name of Father S. W. Millison
9. Father's Occupation Tailor
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John J. O'Brozer, Md

Address City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17082

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 22 of February 1877

*4. Place of Birth (Street and Number)* No 7 Thurder Street

*5. Full Name of Mother* Elikzene Ringle

*6. Mother's Maiden Name* —

*7. Mother's Birthplace* Chestertown

*8. Full Name of Father* —

*9. Father's Occupation* —

*10. Father's Birthplace* —

*Name of Medical Attendant,* or other Person who makes this Return. Rosa Williams

*Address* No 70 Hanover Street

*Remarks* Mother and Child doing Well

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

17083.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* February 22nd 1877

4. *Place of Birth* (Street and Number) No 98 Bond St.

5. *Full Name of Mother* Virginia Elisabeth Warnicke

6. *Mother's Maiden Name* Gallagher.

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Charles H. Warnicke

9. *Father's Occupation* Cooper.

10. *Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Sauerwald

*Address* S. E. Cor. Jefferson & Central Avenue,

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17084

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
23
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 22 77 |
| *4. Place of Birth (Street and Number)* | Ann st 321 |
| *5. Full Name of Mother* | Mary Stine |
| *6. Mother's Maiden Name* | Heimann |
| *7. Mother's Birthplace* | New York |
| *8. Full Name of Father* | Nicolas Stine |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | Johanna Schultz |
| *Address* | 320 Alice Annast |
| *Remarks* | Midwife |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17085

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th Child |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | Feb. 22nd 1877 |
| 4. Place of Birth (Street and Number) | No 205 Pea st. |
| 5. Full Name of Mother | Margareth Richard |
| 6. Mother's Maiden Name | Lederer |
| 7. Mother's Birthplace | America |
| 8. Full Name of Father | Jacob Richard |
| 9. Father's Occupation | storekeeper |
| 10. Father's Birthplace | America |
| Name of Medical Attendant, or other Person who makes this Return. | J. Lohwasser midwife |
| Address | 213 Cross st. |
| Remarks | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17086

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
26
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 8

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 22 Feb 1877
4. *Place of Birth* (Street and Number) 195 E. Fayette St.
5. *Full Name of Mother* Margretha Sturmfels
6. *Mother's Maiden Name* Klauser
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Sturmfels
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertrude H. Miller

*Address* 151 E Pratt St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17087

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Feb 22d 1877 |
| 4. Place of Birth (Street and Number) | 43 Hill St |
| 5. Full Name of Mother | Mary Smith |
| 6. Mother's Maiden Name | Mary McGoggins |
| 7. Mother's Birthplace | England |
| 8. Full Name of Father | James Smith |
| 9. Father's Occupation | Glass Blower |
| 10. Father's Birthplace | England |
| Name of Medical Attendant, or other Person who makes this Return. | H W B Noble Md |
| Address | 17 Warren Av |
| Remarks | |

17088

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) A Girl
2. Race or Color (if not of the white race) White
3. Date of Birth Born the 22d of February 1877
4. Place of Birth (Street and Number) 65 North Chapel St
5. Full Name of Mother Theresa Hartman
6. Mother's Maiden Name Theresa Meyer
7. Mother's Birthplace Germany
8. Full Name of Father William Meyer
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chapel St Jno John Kunkel

Remarks Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17089

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 24 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ctr

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feb 23d

*4. Place of Birth (Street and Number)* 218 Hamburg

*5. Full Name of Mother* Augusta Hanecka

*6. Mother's Maiden Name* Albrecht

*7. Mother's Birthplace* Prussia

*8. Full Name of Father* Theodor Hanecka

*9. Father's Occupation* Grocery dealer

*10. Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17090

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 26 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | February 23rd 1877 |
| *4. Place of Birth (Street and Number)* | No 412 E Madison St |
| *5. Full Name of Mother* | Anna E Carter |
| *6. Mother's Maiden Name* | Anna E Pitt |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Wesley F Carter |
| *9. Father's Occupation* | Plasterer |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary E Allwell |
| *Address* | 286 McDonogh St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17091

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | February 23rd 1877 |
| *4. Place of Birth (Street and Number)* | No 333 Orleans St |
| *5. Full Name of Mother* | Laura V Nizer |
| *6. Mother's Maiden Name* | Laura V Leever |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm H Nizer |
| *9. Father's Occupation* | Can Capper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 281 Mt Donogh st |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17092

HEALTH DEPARTMENT
FEB 26 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Irish

*3. Date of Birth* Feb 23 1877

*4. Place of Birth (Street and Number)* Moonsheet 236

*5. Full Name of Mother* Maggie Castellow

*6. Mother's Maiden Name* Maggie Harmon

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Will Castellow

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. S E Shupe

*Address* 211 Mesgarth

*Remarks*

17093

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Feb. 23d 1877 |
| 4. Place of Birth (Street and Number) | [illegible] |
| 5. Full Name of Mother | Emilie [illegible] |
| 6. Mother's Maiden Name | Emilie Miller |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | [illegible] |
| 9. Father's Occupation | [illegible] |
| 10. Father's Birthplace | [illegible] |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | 108 S. Sharp St. |
| Remarks | Natural Labor. |

DR. J. H. SMITH. FEB 24 1877 BALTIMORE, MD.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17094

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1897 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 23rd 1897 |
| *4. Place of Birth (Street and Number)* | No 1156 Scott St |
| *5. Full Name of Mother* | Laura L. Cassell |
| *6. Mother's Maiden Name* | Dwyer |
| *7. Mother's Birthplace* | City of Balto |
| *8. Full Name of Father* | George H Cassell |
| *9. Father's Occupation* | Brick Layer |
| *10. Father's Birthplace* | City of Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mod Black M.D |
| *Address* | No 1156 Scott St |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

17095

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First, last and 2 Natives |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 23d 1877 |
| *4. Place of Birth (Street and Number)* | No 30 N Paca St |
| *5. Full Name of Mother* | Louisa Cornelia Aitken |
| *6. Mother's Maiden Name* | Bowen |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Albert Aitken |
| *9. Father's Occupation* | Salesman |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elias C Price M.D. |
| *Address* | 262 Madison Ave |
| *Remarks* | |

*...ty of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17096

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | fifth - |
| *1. Sex (state whether Male or Female)* | male - |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Feby. 23 '77 - |
| *4. Place of Birth (Street and Number)* | S. W. Cor. George & Myrtle Ave. |
| *5. Full Name of Mother* | Christina Conrad |
| *6. Mother's Maiden Name* | Pfau |
| *7. Mother's Birthplace* | Germany - |
| *8. Full Name of Father* | John Frederick Conrad |
| *9. Father's Occupation* | Confectioner |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children all born or not, the full name, nativity, and residence her of such child or children

# RETURN OF A BIRTH.

17097

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
7
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 23rd Febr 1877
4. *Place of Birth* (Street and Number) No 23 Clinton ave
5. *Full Name of Mother* Mrs Ida Gettier
6. *Mother's Maiden Name* Miss " Fisher
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Frederick Gettier
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return. Charles A Geiger M. D.

*Address* No. 267 Druid Hill Ave

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17098

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eleventh

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 23rd, 1877.

*4. Place of Birth (Street and Number)* No 279 E Durham St.

*5. Full Name of Mother* Margretha Douglass

*6. Mother's Maiden Name* Margretha Tutor,

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* James H. Douglass.

*9. Father's Occupation* Printer.

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Bott

*Address* No 181. N. Central avenue Baltimore City

*Remarks* All. Well.

17099

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 23 February

*4. Place of Birth (Street and Number)* 97 Pratt Street

*5. Full Name of Mother* Elizie Upharff

*6. Mother's Maiden Name* Schröder

*7. Mother's Birthplace* Germany

*8. Full Name of Father* August Upharff

*9. Father's Occupation* Blacksmith

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17100

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 7 d.

1. *Sex* (*state whether Male or Female*) Female.
2. *Race or Color* (*if not of the white race*) mul. B.
3. *Date of Birth* d. 23 Feb. 1877.
4. *Place of Birth* (*Street and Number*) Elliott St. 137.
5. *Full Name of Mother* Anna Schäfer.
6. *Mother's Maiden Name* Ellbert.
7. *Mother's Birthplace* Penselvania
8. *Full Name of Father* Jakob Schäfer
9. *Father's Occupation* City-Car Conductor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant*, or other Person who makes this Return. Anna Rimmen.

*Address* Elliott St 61.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17101

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 27 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* February 23d. 77
4. *Place of Birth (Street and Number)* No. 10. Miles al.
5. *Full Name of Mother* Elizebeth Johnston
6. *Mother's Maiden Name* " Emery
7. *Mother's Birthplace* Eastern Shore of Md.
8. *Full Name of Father* John Johnston
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. W. B. Gardner M.D.

*Address* 121 Mulberry st.

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17102

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 12th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* Mon 23 February 1877

*4. Place of Birth (Street and Number)* 57 Arch St

*5. Full Name of Mother* Emma Brotten

*6. Mother's Maiden Name* " " " Miller

*7. Mother's Birthplace* Baltimore City M D

*8. Full Name of Father* Isaac T. Brotten

*9. Father's Occupation* Stone Keeper

*10. Father's Birthplace* Lisbon Howard Co. M D

*Name of Medical Attendant,* or other Person who makes this Return. Ellen Chubbs

*Address* Cell Sharp St 42

*Remarks* All of which is subject to Lacer

onner

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17103

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Feby 23rd 1877
4. Place of Birth (Street and Number) 130 Cathedral street
5. Full Name of Mother Nellie G Pitts
6. Mother's Maiden Name Nellie Goldstrough
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Sullivane Pitts
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C B Gamble

Address 40 Richmond street

Remarks

17104

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 23 1877
4. Place of Birth (Street and Number) Lanvale near Fremont
5. Full Name of Mother Aileen C. Dammon
6. Mother's Maiden Name Aileen Conardin
7. Mother's Birthplace Richmond Virginia
8. Full Name of Father John Francis Dammon
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address N 116 Park Av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17105

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. 10.

1. Sex (state whether Male or Female) 2. Female
2. Race or Color (if not of the white race) White ~~W~~
3. Date of Birth 23d February ~~77~~.
4. Place of Birth (Street and Number) Lausen street Locust Point No 32
5. Full Name of Mother Bertha Catharine Koldewey
6. Mother's Maiden Name " " Petersen
7. Mother's Birthplace Vegesack b. Bremen Germany
8. Full Name of Father Charles William Robert Koldewey
9. Father's Occupation Laberer.
10. Father's Birthplace Braunschweig Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Erdel.

Address

Remarks

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17106

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February the 23 " 1877 |
| *4. Place of Birth (Street and Number)* | 92 Exeter Street |
| *5. Full Name of Mother* | Catharina Steiner |
| *6. Mother's Maiden Name* | " " " Deiger |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Andrew Steiner |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbara Reisz |
| *Address* | 26 N Frederick Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17107

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE. FEB 15 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* January 24th 1877

*4. Place of Birth (Street and Number)* N 302 Madison Avenue

*5. Full Name of Mother* Estelle Mann Kirkland

*6. Mother's Maiden Name* Estelle Mann Towson

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Edward M. Kirkland

*9. Father's Occupation* Hatter

*10. Father's Birthplace* Huntingdon Hampshire Cy Massachusetts

*Name of Medical Attendant,* or other Person who makes this Return. F. E. Chalard M.D.

*Address* N 114 Park Ave.

*Remarks*

17108

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 24 Februar
4. *Place of Birth (Street and Number)* 420 Gros' Strasse
5. *Full Name of Mother* Minna Heinz
6. *Mother's Maiden Name* M Dietz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jakobb Heinz
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Munch

*Address* 74 Leatenhall Strasse

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17109

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 24. of February.

*4. Place of Birth (Street and Number)* Canton No. 456.

*5. Full Name of Mother* Mary Niemeier

*6. Mother's Maiden Name* Mary Kathern Momberger

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* William H. Niemyer

*9. Father's Occupation* Schip Smith

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Weily

*Address* No 12 Paterson Park avnue

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17110

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wite
3. Date of Birth February 24th 1877
4. Place of Birth (Street and Number) Galagers Courts No 3
5. Full Name of Mother Mrs Bridget O Connor
6. Mother's Maiden Name Miss Bridget O Hanlon
7. Mother's Birthplace Ireland
8. Full Name of Father Bernard O Connor
9. Father's Occupation Labor
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley
Address No 12 Paterson Park Avenue
Remarks

17111

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | Feb 24th 1877 |
| *4. Place of Birth (Street and Number)* | 96 Poppleton Str |
| *5. Full Name of Mother* | Catherine Roesicke |
| *6. Mother's Maiden Name* | Catherine Hoeflein |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Fred Roesicke |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 52 E Lombard Str |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17112

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | Feb 24th 1877 |
| *4. Place of Birth (Street and Number)* | No 220 E Lombard Str |
| *5. Full Name of Mother* | Maggie Norwood |
| *6. Mother's Maiden Name* | Maggie Dee |
| *7. Mother's Birthplace* | United States |
| *8. Full Name of Father* | Richard Norwood |
| *9. Father's Occupation* | Porter |
| *10. Father's Birthplace* | United States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | No 82 E Lombard Str |
| *Remarks* | |

17113

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB 27 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24 February |
| *4. Place of Birth (Street and Number)* | No 100 Granby Street |
| *5. Full Name of Mother* | Emelie Schröder |
| *6. Mother's Maiden Name* | Schröder |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Herman Schröder |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophie Simon |
| *Address* | No 70 Granby Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17114

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 24th of Feb. 1877
4. *Place of Birth (Street and Number)* No. 110 Frederick Avenue
5. *Full Name of Mother* P. J. Fix - Louise Fix
6. *Mother's Maiden Name* L. Stein
7. *Mother's Birthplace* born in the City of Baltimore
8. *Full Name of Father* P. J. Fix
9. *Father's Occupation* Butcher
10. *Father's Birthplace* born in Doblin Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Hiller

*Address* No. 57 Smallwood St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating carefully the date of birth of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17115

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 23 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 11th

1. *Sex* (*state whether Male or Female*) . Male.
2. *Race or Color* (*if not of the white race*) . Colored
3. *Date of Birth* Saturday Febuary: 24th 1877
4. *Place of Birth* (*Street and Number*). 262. Hamburg St.
5. *Full Name of Mother* Hester. Mc Platten.
6. *Mother's Maiden Name* Hester. Rabbor.
7. *Mother's Birthplace* Dorchester. Co. Md.
8. *Full Name of Father* William. Mc Platten.
9. *Father's Occupation* Works. in. guana. Factory
10. *Father's Birthplace* Dorchestor. Co. Md.

*Name of Medical Attendant*, or other Person who makes this Return. Nancy. Ligey.

*Address* No. 89. Plum. Alley.

*Remarks* Child. Well. also. the. mother.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1877, 17116

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feby 24 – 1877 |
| *4. Place of Birth (Street and Number)* | No 133 N Eden St |
| *5. Full Name of Mother* | Mary Richardson |
| *6. Mother's Maiden Name* | " Ward |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Edward Richardson |
| *9. Father's Occupation* | Printer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | W G Roder MD |
| *Address* | 87 Mulberry St |
| *Remarks* | |

17117

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** Febuar 26 1877

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Febuar 24th 1877.
4. *Place of Birth (Street and Number)* 268 Inn St.
5. *Full Name of Mother* Eve Siegrist.
6. *Mother's Maiden Name* Eve Gable.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Jacob Siegrist.
9. *Father's Occupation* Upholster.
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Amench.

*Address* No 137 Wolfe St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17118

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth February 24th 1877
4. Place of Birth (Street and Number) 250 N. Central Av.
5. Full Name of Mother Theresa Schrufer
6. Mother's Maiden Name " Spahn
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Schrufer
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Duuschmid

Address 27 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17119

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24th Feb
4. Place of Birth (Street and Number) 25 Frenkle St
5. Full Name of Mother Elizabeth Ann Sterling
6. Mother's Maiden Name Elizabeth Ann Sterling
7. Mother's Birthplace Baltimore
8. Full Name of Father Josiah Pennington
9. Father's Occupation Broker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. Murdock M D

Address 80 Read St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17120

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 February 1877
4. *Place of Birth (Street and Number)* 43 S. Castle St.
5. *Full Name of Mother* Mary Braun
6. *Mother's Maiden Name* Mary, Weizli
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* M. Braun
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baden

*Name of Medical Attendant,* or other Person who makes this Return. M. Liederer

*Address* 23 S. Durham St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17121

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 24th February

*4. Place of Birth (Street and Number)* No. 81 Stricker St.

*5. Full Name of Mother* Mary Lemmerman

*6. Mother's Maiden Name* Mary Nieman

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Henry. John Lemmerman

*9. Father's Occupation* Blacksmith

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Dumler 60 Shorter

*Remarks*

17122

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
10
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No. 1 |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb. 24th |
| *4. Place of Birth (Street and Number)* | 158 Chew |
| *5. Full Name of Mother* | Ida Virginia Wheeler |
| *6. Mother's Maiden Name* | " " Crosby |
| *7. Mother's Birthplace* | Balto. Md |
| *8. Full Name of Father* | Charles Henry Wheeler |
| *9. Father's Occupation* | Cap Maker |
| *10. Father's Birthplace* | Balto. Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | G. W. Hayson |
| *Address* | 18 Hisquith St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

✓ 17123

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 24th Feb. 1877

*4. Place of Birth (Street and Number)* Raborg st. 1787 bet. Fremont & Mulberry

*5. Full Name of Mother* ~~Ellen Williams~~ Marie Dailey

*6. Mother's Maiden Name* " "

*7. Mother's Birthplace* Maryland

*8. Full Name of Father* Elias Jackson

*9. Father's Occupation* with A. Dentist Doctor

*10. Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Molly Blake

*Address* 198 Raborg st.

*Remarks* the baby is well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17124

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24 February |
| *4. Place of Birth (Street and Number)* | 47 Hillman St |
| *5. Full Name of Mother* | Ann Brown |
| *6. Mother's Maiden Name* | Grady |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Robert Brown |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Nicola T Chrismer |
| *Address* | No 11 Forrest Place |
| *Remarks* | |

# RETURN OF A BIRTH.

17125

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February the 24th 1877 |
| *4. Place of Birth (Street and Number)* | No 80 N Gay Street |
| *5. Full Name of Mother* | Agnes Schweigert |
| *6. Mother's Maiden Name* | " " Lutz |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Schweigert |
| *9. Father's Occupation* | Bellhaunder |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbara Reisz |
| *Address* | No 26 N. Fredrick Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17126

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | February 25th 1877 |
| *4. Place of Birth (Street and Number)* | 192 E. Balto. St. |
| *5. Full Name of Mother* | Carrie Southcomb |
| *6. Mother's Maiden Name* | Carrie Thompson |
| *7. Mother's Birthplace* | St. Marys Co. Md. |
| *8. Full Name of Father* | J. L. Southcomb |
| *9. Father's Occupation* | Tin Worker |
| *10. Father's Birthplace* | Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. R. W. Mansfield |
| *Address* | 117 S. Broadway |
| *Remarks* | |

17127

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 25th 1877 |
| *4. Place of Birth (Street and Number)* | 93 Hamburg St |
| *5. Full Name of Mother* | Mary Ann Cain |
| *6. Mother's Maiden Name* | Mary Ann Shearer |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | Jas. Andrew Cane |
| *9. Father's Occupation* | Mechanic |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. B. Noble, M.D. |
| *Address* | 17 Warren Av |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17128

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 Children

*1. Sex (state whether Male or Female)* Boy

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 25 February

*4. Place of Birth (Street and Number)* 813 S. Howard St

*5. Full Name of Mother* Elizabeth Carter

*6. Mother's Maiden Name* Elizabeth Jones

*7. Mother's Birthplace* Virginia

*8. Full Name of Father* Nicholas J. Carter

*9. Father's Occupation* Drayman

*10. Father's Birthplace* Ohio

*Name of Medical Attendant,* or other Person who makes this Return. Wm. Riley

*Address*

*Remarks*

17129

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male or Female)*

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* February the 25. 1877

4. *Place of Birth (Street and Number)* Gough St. n. 3, E.

5. *Full Name of Mother* Emma Bartolomae

6. *Mother's Maiden Name* Emma Bernhardt

7. *Mother's Birthplace* Seigertshain, Kr. Reussen, Germany

8. *Full Name of Father* Justus Bartolomae

9. *Father's Occupation* Taylor

10. *Father's Birthplace* Ellenberg, Kr. Reussen, Germany

*Name of Medical Attendant, or other Person who makes this Return.* Herr E. Muller

*Address* N. Dallas St. n. No. 26.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17130

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) second

1. *Sex* (state whether Male or Female) ~~white~~ male

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* February 25th 77

4. *Place of Birth* (Street and Number) 28 Harrison Street

5. *Full Name of Mother* Ester Hornstein

6. *Mother's Maiden Name* Bornstein

7. *Mother's Birthplace* Poland

8. *Full Name of Father* Kallman Hornstein

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Poland

*Name of Medical Attendant*, or other Person who makes this Return. Mrs E. Bornstein

*Address* 113 E. Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

No. 17131

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 25 February 1877 |
| *4. Place of Birth (Street and Number)* | 168 Johnston Street |
| *5. Full Name of Mother* | Betty Mc Clarodon |
| *6. Mother's Maiden Name* | Betty Moylan |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | James McGregory |
| *9. Father's Occupation* | Ship Carpenter |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Catharina Meyer |
| *Address* | 47 Lexington Street |
| *Remarks* | |

17132

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* mother of [illegible]

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* 23d of feb Bory 1877
4. *Place of Birth (Street and Number)* 83 Watson st
5. *Full Name of Mother* Ado sosen percel
6. *Mother's Maiden Name* sosen ~~[illegible]~~ thomson
7. *Mother's Birthplace* virgina md
8. *Full Name of Father* pearcel [illegible]
9. *Father's Occupation* lar Ber
10. *Father's Birthplace* virgina md

*Name of Medical Attendant,* or other Person who makes this Return. lear Walker

*Address* no 94 dallas st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17133

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Boy " |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb. 25th ½ 11 o'clock Am 1877 |
| *4. Place of Birth (Street and Number)* | No 102 Parkin Street |
| *5. Full Name of Mother* | Mrs. Margret Jane Sowers |
| *6. Mother's Maiden Name* | Miss Margret Jane Deitzs |
| *7. Mother's Birthplace* | York. P. a. |
| *8. Full Name of Father* | Mr. Calvin Henry Sowers |
| *9. Father's Occupation* | Laboring |
| *10. Father's Birthplace* | Gettisburgh, P. a. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Baltimore Sunday |
| *Address* | 429 W. of Lisrath St. W. Pratt Str. |
| *Remarks* | |

17134

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* - 8

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* bad en hall st no 12
4. *Place of Birth (Street and Number)* Baltimore [illegible] 25/1877
5. *Full Name of Mother* anna pearnail
6. *Mother's Maiden Name* anna smith
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* ger mire smith
9. *Father's Occupation* farmer
10. *Father's Birthplace* snow hill m d

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* [illegible] Robert son no 42

*Remarks* peach [illegible]

Alley Baltimore

m d

That any physician, accoucheur, midwife, or other [illegible] all attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 17136

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
9
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 25th 1877 |
| *4. Place of Birth (Street and Number)* | No 360 Alice Anna st |
| *5. Full Name of Mother* | Louisa Nichol |
| *6. Mother's Maiden Name* | M Martz |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Charles Nichol |
| *9. Father's Occupation* | Brickmaker |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Bushroe |
| *Address* | 120 Bank st |
| *Remarks* | |

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17136

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence, of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 25th 1877 |
| *4. Place of Birth (Street and Number)* | No 264 Broadway |
| *5. Full Name of Mother* | Catherine Brunk |
| *6. Mother's Maiden Name* | Catherine Regan |
| *7. Mother's Birthplace* | United States |
| *8. Full Name of Father* | Henry Brunk |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sarah Capes |
| *Address* | No 62 E. Lombard St. |
| *Remarks* | |

17137

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 25 1877 |
| *4. Place of Birth (Street and Number)* | No 33 Eastern Ave |
| *5. Full Name of Mother* | Maggie Finn |
| *6. Mother's Maiden Name* | Maggie Welch |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | David Finn |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 52 E Lombard Str |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17138

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 February 1877
4. *Place of Birth (Street and Number)* 126 S. Wolf St.
5. *Full Name of Mother* Louise Schneider
6. *Mother's Maiden Name* Louise Anton
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* John Schneider
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Lederer

*Address* 25 S. Durham St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17139

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
16
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 25th 1877 |
| *4. Place of Birth (Street and Number)* | 46 Wolcoat st |
| *5. Full Name of Mother* | Hanah E. Miller |
| *6. Mother's Maiden Name* | " " Gardner |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Jacob Miller |
| *9 Father's Occupation* | Collector |
| *10. Father's Birthplace* | Carroll County Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. E. Gibbons M. D. |
| *Address* | 47 Edmondson avenue |
| *Remarks* | |

City of Baltimore, shall report to the registrar aforesaid, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17140

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | Feb-25th 1877 |
| *4. Place of Birth (Street and Number)* | No 132 N. Eden St |
| *5. Full Name of Mother* | Matilda Bowlish |
| *6. Mother's Maiden Name* | Matilda Gibbs |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | William Henry Bowlish |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Washington D. C. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Whitfield W Wiser M.D. |
| *Address* | 116 E. Fayette St |
| *Remarks* | Labor Short, Natural, at full term and child perfect and healthy. |

17141

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* m

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* Feb 25 1877

*4. Place of Birth (Street and Number)* Saratoga St

*5. Full Name of Mother* Mrs Klunk

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Balto

*8. Full Name of Father* F A Klunk

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Penna

*Name of Medical Attendant,* or other Person who makes this Return. Richard McSherry Md

*Address* 189 N Howard St

*Remarks*

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17142

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male ~~or Female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 26, 1877
4. *Place of Birth (Street and Number)* N. Chappel St. No 108
5. *Full Name of Mother* Mathilde Arnold
6. *Mother's Maiden Name* Mathilde Feydenabe
7. *Mother's Birthplace* Eichenberg Kr. Preussen Germany
8. *Full Name of Father* Charles Arnold
9. *Father's Occupation* Musican
10. *Father's Birthplace* Eichenberg Kr. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Harry E. Miller

*Address* N. Dallas St. No 26,

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17143

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)*

1. *Sex (state whether Male or Female)* female 1 6
2. *Race or Color (if not of the white race)* white 328
3. *Date of Birth* February 26. 1877
4. *Place of Birth (Street and Number)* Ost Lombard str No
5. *Full Name of Mother* Maria Meier
6. *Mother's Maiden Name* Maria Reuwer
7. *Mother's Birthplace* Osterkapen Hanover
8. *Full Name of Father* Nickolaus Meier
9. *Father's Occupation* Seemann
10. *Father's Birthplace* Pappenberg Hanover

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanna Raupach

*Address* South Walfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

171444

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | Febr'y. 26th 1877. |
| *4. Place of Birth (Street and Number)* | 469 E. Fayette St. |
| *5. Full Name of Mother* | Virginia E. Carrick. |
| *6. Mother's Maiden Name* | Virginia E. Miller. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Wm. C. Carrick. |
| *9. Father's Occupation* | Police Officer. |
| *10. Father's Birthplace* | Prince George Co. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. F. Powell M.D. |
| *Address* | 224 Carrollton Ave. |
| *Remarks* | Child's Physical condition favorable. |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17145

HEALTH DEPARTMENT MAR 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | Feby 26th 1877. |
| *4. Place of Birth (Street and Number)* | 85 Barre St. |
| *5. Full Name of Mother* | Sophia L. Newton. |
| *6. Mother's Maiden Name* | " " Clapp. |
| *7. Mother's Birthplace* | Cambridge, Md. |
| *8. Full Name of Father* | Phillip E. Newton, |
| *9. Father's Occupation* | Merchant. |
| *10. Father's Birthplace* | Balto, Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. H. Tull, M.D. |
| *Address* | 158, Shark St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17146

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Febry 26
4. *Place of Birth (Street and Number)* Ramsey street 123
5. *Full Name of Mother* Lara Lemon
6. *Mother's Maiden Name* Lara Redmon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Lemon
9. *Father's Occupation* Hupster
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Jane Mercer

*Address* 136 McHenry St

*Remarks*

17147

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* February 26th '77
4. *Place of Birth* (*Street and Number*) 264 French st
5. *Full Name of Mother* Rose Bachelor
6. *Mother's Maiden Name* " Lynch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Walter Scott Bachelor
9. *Father's Occupation* Railroad Employee
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Thos Morris M.D.

*Address* 5 Penn Place

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1711 8

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | 24th Inst |
| *4. Place of Birth (Street and Number)* | No 158 Hughes st |
| *5. Full Name of Mother* | Mahaily Boston |
| *6. Mother's Maiden Name* | single |
| *7. Mother's Birthplace* | Cambridge |
| *8. Full Name of Father* | single |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | " |
| *Name of Medical Attendant,* or other Person who makes this Return. | Armande Wilson |
| *Address* | |
| *Remarks* | |

17149

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 27 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 26th 1877 |
| *4. Place of Birth (Street and Number)* | No 120 Canal Ste |
| *5. Full Name of Mother* | Lizzie Guyton |
| *6. Mother's Maiden Name* | Lizzie Doyle |
| *7. Mother's Birthplace* | United States |
| *8. Full Name of Father* | Francis Guyton |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | United States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Carson |
| *Address* | 52 E Lombard St |
| *Remarks* | |

17150

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
27
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Mother |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 26th 1877 |
| *4. Place of Birth (Street and Number)* | 65 Hanover Market Space |
| *5. Full Name of Mother* | Dora Gadie |
| *6. Mother's Maiden Name* | Dora Schultz |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Gadie |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 52 E. Lombard Str. |
| *Remarks* | |

17151

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
27
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Eighth (8th) |
| *1. Sex* (state whether Male or ~~Female~~) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | 6h. 30m. a. m. 26th February, 1877. |
| *4. Place of Birth* (Street and Number) | 73 Stockton St Baltimore City |
| *5. Full Name of Mother* | Mary Kerner Irwin |
| *6. Mother's Maiden Name* | Mary Kerner |
| *7. Mother's Birthplace* | County Cavin, Ireland |
| *8. Full Name of Father* | James Irwin |
| *9 Father's Occupation* | Employed on the street by the City |
| *10. Father's Birthplace* | Baltimore County, Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. S. Brooks M.D. |
| *Address* | 83 Franklin St |
| *Remarks* | |

*advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17152

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* feb 26
4. *Place of Birth (Street and Number)* 190 Sterling st
5. *Full Name of Mother* Elisa Barton
6. *Mother's Maiden Name* Elisa Kinks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Barton
9. *Father's Occupation* porter in store
10. *Father's Birthplace* pensylvania

*Name of Medical Attendant,* or other Person who makes this Return. mrs leas johnson

*Address* no 32 Short st

*Remarks* healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17153

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colorde
3. *Date of Birth* feb 26
4. *Place of Birth (Street and Number)* 150 Stirlings
5. *Full Name of Mother* Cyperetta Dodd
6. *Mother's Maiden Name* Cyperetta Trusty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Dodd
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear Johnson

*Address* no 32 Short St

*Remarks* Healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17151

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Feb 26

*4. Place of Birth (Street and Number)* 548 W Balt St

*5. Full Name of Mother* Barbara Anna ~~Dollhopf~~ Schlutter

*6. Mother's Maiden Name* " " Dollhopf

*7. Mother's Birthplace* Balt County

*8. Full Name of Father* Gustav Schlutter

*9. Father's Occupation*

*10. Father's Birthplace* Saxon Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Miss Dunn 66 Schroeder St

*Remarks*

# RETURN OF A BIRTH.

17153

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | Jewish race |
| *3. Date of Birth* | February 26th 1877 |
| *4. Place of Birth (Street and Number)* | North Market Space # 10 |
| *5. Full Name of Mother* | Teresa Walldorf |
| *6. Mother's Maiden Name* | Tuld |
| *7. Mother's Birthplace* | Bavaria Europe |
| *8. Full Name of Father* | Solomon Walldorf |
| *9. Father's Occupation* | Clothier |
| *10. Father's Birthplace* | Baden Europe |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Rose Welly |
| *Address* | 40 Holland St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17156

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE.

*No. of Child of Mother* (~~state whether~~ *1st,* ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*) "
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* Feby 26th 1877
4. *Place of Birth* (*Street and Number*) 125 Carrollton Ave.
5. *Full Name of Mother* Margaret E. Spear
6. *Mother's Maiden Name* Margaret E. Stumpf
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William J. Spear
9. *Father's Occupation* Iguer
10. *Father's Birthplace* Fayette Co. Pa

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Krozer, Md.

*Address* " " "

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17157

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 26 February |
| *4. Place of Birth (Street and Number)* | 49 Hillman St |
| *5. Full Name of Mother* | Mary Kenidy |
| *6. Mother's Maiden Name* | McKeown |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Kenidy |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17155

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb. 26th. 1877 |
| *4. Place of Birth (Street and Number)* | 438 Penna. Ave. |
| *5. Full Name of Mother* | Margaret King |
| *6. Mother's Maiden Name* | Kiely |
| *7. Mother's Birthplace* | Chicago |
| *8. Full Name of Father* | Jas. A. J. King |
| *9 Father's Occupation* | Dairyman |
| *10. Father's Birthplace* | Mississippi |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. H. Christian M.D. |
| *Address* | 431 Penna. Ave. |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17159

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 5

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Feby 27th 1877

*4. Place of Birth (Street and Number)* No 146 N Bond st Balto Md

*5. Full Name of Mother* Catharine Woolford Mackin

*6. Mother's Maiden Name* " " Daily

*7. Mother's Birthplace* Pa

*8. Full Name of Father* Francis M Mackin

*9. Father's Occupation* Brass Finisher

*10. Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. J. Ridgway Andre Md

*Address* No 121 E Balto st Md

*Remarks*

# RETURN OF A BIRTH.

17160

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* february 27 1877

4. *Place of Birth* (Street and Number) baltimore co

5. *Full Name of Mother* anna m garrett

6. *Mother's Maiden Name* anna m gould

7. *Mother's Birthplace* md co md

8. *Full Name of Father* daniel garrett

9. *Father's Occupation* machinist

10. *Father's Birthplace* born in the united states

*Name of Medical Attendant,* or other Person who makes this Return. Rachel a garrett

*Address* 1133 aliceanna st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, ... ur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17161

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

March 5 1877

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 27 February 1877 |
| *4. Place of Birth (Street and Number)* | 97 Black st |
| *5. Full Name of Mother* | Mary Hudson |
| *6. Mother's Maiden Name* | Mary Simmons |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Hudson |
| *9. Father's Occupation* | Boat Builder |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Louisa Smith |
| *Address* | The Child is Healthy |
| *Remarks* | Name of the Child John Geo Hudson |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17162

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) girl
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* on the 27 at half past 11 of febuary
4. *Place of Birth* (*Street and Number*) at no 52 Durhams alley
5. *Full Name of Mother* Maria Sanders
6. *Mother's Maiden Name*
7. *Mother's Birthplace* eastern Shore M D Dorchester C J
8. *Full Name of Father* Bushrod Emmels
9. *Father's Occupation* Dredger
10. *Father's Birthplace* eastern Shore M D

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Emmels

*Address* Durham st No 48

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17163

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 11 child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 27 1877
4. Place of Birth (Street and Number) 468 Franton av
5. Full Name of Mother mary waters
6. Mother's Maiden Name mary doud
7. Mother's Birthplace Baltimore city
8. Full Name of Father John waters
9. Father's Occupation laborer
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Rachel a garrett

Address 433 Alicean Rd St

Remarks

# RETURN OF A BIRTH.

17164

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 cto |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feb 27th 1877 |
| *4. Place of Birth (Street and Number)* | No 58 Lancaster str |
| *5. Full Name of Mother* | Margereth Sheeler |
| *6. Mother's Maiden Name* | " Berger |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Perone Sheeler |
| *9. Father's Occupation* | Carter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bushmann |
| *Address* | 120 Bank oth. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17165

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* February 27th 1877

*4. Place of Birth (Street and Number)* No 36 S. E. Orleans St.

*5. Full Name of Mother* Elizabeth Hedrick

*6. Mother's Maiden Name* Elizabeth Trishcorn

*7. Mother's Birthplace* Baltimore Maryland

*8. Full Name of Father* Henry Hedrick

*9. Father's Occupation* Provision Store

*10. Father's Birthplace* Hessen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No 181. N. Central avenue

*Remarks* All well.

17166

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 27, 1877
4. *Place of Birth (Street and Number)* N. Ann St. No. 67
5. *Full Name of Mother* Jettie Buxbaum
6. *Mother's Maiden Name* Jettie Baum
7. *Mother's Birthplace* Nordheim. Vr. Baiern Germany
8. *Full Name of Father* Hermann Buxbaum
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Roemersberg. Vr. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* N. Dallas A. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17167

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 27. Febr. 1877.
4. Place of Birth (Street and Number) Elliott St. 104.
5. Full Name of Mother Margarethe Schäflein
6. Mother's Maiden Name Siebert.
7. Mother's Birthplace Laiern.
8. Full Name of Father Johann Schäflein.
9. Father's Occupation Blechschmied.
10. Father's Birthplace Laiern.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott St. 61.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17165

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 27 of February |
| *4. Place of Birth (Street and Number)* | No 13 Bruce St |
| *5. Full Name of Mother* | Mary ann Mccaskell |
| *6. Mother's Maiden Name* | Mary Ann Kuhl |
| *7. Mother's Birthplace* | Texas Maryland Ballimore County |
| *8. Full Name of Father* | Thomas Mccaskell |
| *9. Father's Occupation* | Wagoner |
| *10. Father's Birthplace* | Manchester England |
| *Name of Medical Attendant, or other Person who makes this Return.* | M. J. Lanar |
| *Address* | No 350 West Mc Henry St |
| *Remarks* | Fine healthy Child |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17169

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 February
4. *Place of Birth (Street and Number)* Corner Eastern Ave and Pleasant St
5. *Full Name of Mother* Mary Kolb
6. *Mother's Maiden Name* Feydter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Leon Kolb
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Graney Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17170

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 February
4. *Place of Birth (Street and Number)* 81 Dulles Street
5. *Full Name of Mother* Mary Bowman Mohr
6. *Mother's Maiden Name* ~~Mohr~~ Bowman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Frederick T. Mohr
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No 70 Granby Street

*Remarks*

# RETURN OF A BIRTH.

1771

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) carry fair

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) colord
3. *Date of Birth* feb 27 1877
4. *Place of Birth* (Street and Number) No 124 Howard st
5. *Full Name of Mother* Emeline Bee
6. *Mother's Maiden Name* Emeline payn
7. *Mother's Birthplace* Northumbld conty vrg
8. *Full Name of Father* James Bee
9. *Father's Occupation* labores
10. *Father's Birthplace* Northumbrl conty

*Name of Medical Attendant,* or other Person who makes this Return. mary an dorsey

*Address* 171 henrietta st

*Remarks* five dollors

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17172

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 28 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth Child

*1. Sex (state whether Male or Female)* Last A Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 27th February 1877

*4. Place of Birth (Street and Number)* 1st South East Maderian Arbey

*5. Full Name of Mother* Babri Fridach

*6. Mother's Maiden Name* Babri Throll

*7. Mother's Birthplace* Germany

*8. Full Name of Father* George Throll

*9. Father's Occupation* Labor man

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Presentia [illegible]

*Address* 11 North Chappel [illegible] John [illegible]

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17173

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | first |
| 1. Sex (state whether Male or Female) | female |
| 2. Race or Color (if not of the white race) | white |
| 3. Date of Birth | feb. 27th 1877 |
| 4. Place of Birth (Street and Number) | 16 Walsh St. |
| 5. Full Name of Mother | Mary Nester Donly |
| 6. Mother's Maiden Name | Nester |
| 7. Mother's Birthplace | Ireland |
| 8. Full Name of Father | Daniel Donly |
| 9 Father's Occupation | Laberer |
| 10. Father's Birthplace | Balto. City |
| Name of Medical Attendant, or other Person who makes this Return. | J. A. Christian M.D. |
| Address | 431 Pennsylvania |
| Remarks | |

17174

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | February 28th 1877 |
| *4. Place of Birth (Street and Number)* | Central avenue No. 115 |
| *5. Full Name of Mother* | Elesabeth Kente |
| *6. Mother's Maiden Name* | " Miller |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | William Kente |
| *9. Father's Occupation* | Canes maker |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Rose Hollij |
| *Address* | 48 Holland St Balto Md |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17175

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Februar 28 d. 1877. |
| *4. Place of Birth (Street and Number)* | 311 Monumentstreet |
| *5. Full Name of Mother* | Marie Klingelhofer |
| *6. Mother's Maiden Name* | Marie Horn |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Heinrich Klingelhofer |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Marie R. Rudiger |
| *Address* | 134 N. Bond Strt |
| *Remarks* | |

17176

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 28 1877
4. Place of Birth (Street and Number) No 181 St Chester St
5. Full Name of Mother Bridget Shields
6. Mother's Maiden Name Bridget Callan
7. Mother's Birthplace Island
8. Full Name of Father John F Shillaes
9. Father's Occupation Charcold Dealer
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address 193 St Chester St

Remarks Cotta

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17177

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 28th 1877
4. *Place of Birth (Street and Number)* 424 N. Lombard St.
5. *Full Name of Mother* Amelia Tucker
6. *Mother's Maiden Name* Amelia Bryan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. T. Tucker
9. *Father's Occupation* Custom House
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Jane Wimmebergen

*Address* 23 N. Liberty St.

*Remarks*

17178

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st of child 2 borne 28th feb

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 28th
4. *Place of Birth (Street and Number)* 352 Columbia Ave
5. *Full Name of Mother* Margaret Baker
6. *Mother's Maiden Name* " Hillen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Baker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Seelack

*Address* 439 E Pr Lovett St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17179

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 7 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | Feb. 28th. 1877. |
| *4. Place of Birth (Street and Number)* | No 211. S. Wolf St. |
| *5. Full Name of Mother* | Willie Rockel |
| *6. Mother's Maiden Name* | Luckman |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Wilhiana Rockel |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Getzke |
| *Address* | No 5 E. Pond St |
| *Remarks* | Balto. Md |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17180

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the. 28. 1877
4. *Place of Birth (Street and Number)* N. Carolina A. No 49.
5. *Full Name of Mother* Louise Lingelbach
6. *Mother's Maiden Name* Louise Breuning
7. *Mother's Birthplace* Harge. Fr. Reussen. Germany
8. *Full Name of Father* Christian Lingelbach
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Grünberg. Gr. Hessen Girmany

*Name of Medical Attendant,* or other Person who makes this Return. Herr E. Müller

*Address* N. Dallas St. No 26.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17181

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth 28th of February
4. Place of Birth (Street and Number) 287 Oak St.
5. Full Name of Mother Mary Ann Barnett
6. Mother's Maiden Name " " Sanders.
7. Mother's Birthplace Stratford County
8. Full Name of Father James Henry Barnett
9. Father's Occupation Miller
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

17182

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d child |
| *1. Sex (state whether Male or Female)* | Girl |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 28th Feb |
| *4. Place of Birth (Street and Number)* | 51 Lowe st |
| *5. Full Name of Mother* | Adeline Brickne |
| *6. Mother's Maiden Name* | Kime |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Emil Brickne |
| *9. Father's Occupation* | Black Shmid |
| *10. Father's Birthplace* | Brucien |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Tumbler |
| *Address* | 60 Shorter St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17183

HEALTH DEPARTMENT
MAY
15
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 28th 1877
4. *Place of Birth* (Street and Number) 469 Eutaw Place
5. *Full Name of Mother* Bettie Belle Crawford
6. *Mother's Maiden Name* Stubs
7. *Mother's Birthplace* Loudon Co Virginia
8. *Full Name of Father* William H. Crawford
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. D. L. Williams

*Address* 201 Madison Ave

*Remarks*

---

This city physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17184

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Eighth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 28 th 1877 |
| *4. Place of Birth (Street and Number)* | Lamden St |
| *5. Full Name of Mother* | Mary F Scott |
| *6. Mother's Maiden Name* | Mary F Lincoln |
| *7. Mother's Birthplace* | Annapolis Md |
| *8. Full Name of Father* | Jas Scott |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | annapolis Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs C F. Lewis |
| *Address* | 162 Hanover St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17185

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3 |
| 1. Sex (state whether Male or Female) | ~~Female~~ Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | July 28 '77 |
| 4. Place of Birth (Street and Number) | 13. N. Oregon |
| 5. Full Name of Mother | Maggie Rodden |
| 6. Mother's Maiden Name | Maggie Roville |
| 7. Mother's Birthplace | Ireland |
| 8. Full Name of Father | Bernard Rodden |
| 9. Father's Occupation | Moulder |
| 10. Father's Birthplace | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | A. H. Gaston M. D. |
| Address | 143. Lexington |
| Remarks | (Instrumental delivery) |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17186

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21st February 1877. |
| *4. Place of Birth (Street and Number)* | No. 701 N Monument st. |
| *5. Full Name of Mother* | Minnie Hofmann. |
| *6. Mother's Maiden Name* | Minnie Bahl. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | William Hofmann. |
| *9. Father's Occupation* | Butcher. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dena Hilligrist. |
| *Address* | No 182 E N Monument St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17187

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
1. *Sex (state whether Male or Female):* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 22 / 1877
4. *Place of Birth (Street and Number)* 38 Dayton Street
5. *Full Name of Mother* Victoria Saunders
6. *Mother's Maiden Name* Victoria Infant
7. *Mother's Birthplace* Western Shore Maryland
8. *Full Name of Father* James Saunders
9. *Father's Occupation* Oystershucker
10. *Father's Birthplace* Western Shore

*Name of Medical Attendant, or other Person who makes this Return.* Hester Bordley Doctress
*Address* 85 Orchard Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17188

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 15
4. *Place of Birth (Street and Number)* Crookes Street 47
5. *Full Name of Mother* Mary Ann Purely
6. *Mother's Maiden Name* Mary Ann Banks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Banks
9. *Father's Occupation* Labor
10. *Father's Birthplace* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Margret Ethel

*Remarks*

Cubia Street 13

# RETURN OF A BIRTH.

17189

HEALTH DEPARTMENT
MAR
16
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Feb 28th 1877 |
| *4. Place of Birth (Street and Number)* | Patterson ave near Gilmor st |
| *5. Full Name of Mother* | Elenora A. Booker |
| *6. Mother's Maiden Name* | " Happoldt |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | John T. Booker |
| *9. Father's Occupation* | House Painter |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. E. Gibbons |
| *Address* | 47 Edmondson ave |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17190

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Brown skin |
| *3. Date of Birth* | 28 of February |
| *4. Place of Birth (Street and Number)* | 237 Micksonkel |
| *5. Full Name of Mother* | Mary E Simson |
| *6. Mother's Maiden Name* | Mary Myers |
| *7. Mother's Birthplace* | Dorchester County |
| *8. Full Name of Father* | Johnny Simson |
| *9. Father's Occupation* | Porter |
| *10. Father's Birthplace* | Dorchester County |
| *Name of Medical Attendant, or other Person who makes this Return.* | Harriet Britton |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17191

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th in |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | February 28th 1877 |
| *4. Place of Birth (Street and Number)* | 1 Chew St. |
| *5. Full Name of Mother* | Isabella Keagle |
| *6. Mother's Maiden Name* | Isabella Hanson |
| *7. Mother's Birthplace* | Balto. Md. |
| *8. Full Name of Father* | Henry B. Keagle |
| *9. Father's Occupation* | Oyster Packer |
| *10. Father's Birthplace* | Balto. Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary E Mudd |
| *Address* | 256 McDonough st |
| *Remarks* | |

# RETURN OF A BIRTH.

17192

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Three

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Light

*3. Date of Birth* February 28. 1877

*4. Place of Birth (Street and Number)* Bethel St between Pratt & Gough

*5. Full Name of Mother* Martha Addy

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* X

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Alice A Chatman

*Address* No 51 Dallas St

*Remarks*

1

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* March the 1st 1877

*4. Place of Birth (Street and Number)* Baltimore No 18 Jasper St

*5. Full Name of Mother* Elizabeth Squirrel

*6. Mother's Maiden Name* Scott

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Patrick Squirrel

*9. Father's Occupation* Waiter

*10. Father's Birthplace* King William Co va

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dorsey

*Address* No 83 Oxford St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

171914

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* The 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 77
4. *Place of Birth (Street and Number)* 1023 Cambridge st
5. *Full Name of Mother* Anna Nell Philipps
6. *Mother's Maiden Name* Clark
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Leander Philipps
9. *Father's Occupation* Engineer
10. *Father's Birthplace* State of Massachusetts

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah P Harrington

*Address* 1023 Erie st Cambo

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17195

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) two

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Darke
3. Date of Birth Mache 1. 1877
4. Place of Birth (Street and Number) caroline st 45
5. Full Name of Mother Mary An Williams
6. Mother's Maiden Name
7. Mother's Birthplace eastern Shore Md
8. Full Name of Father John h Williams
9. Father's Occupation labour
10. Father's Birthplace eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Alice A Chatman no 51

Address North Dallass st opposite union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17196

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 1st
4. *Place of Birth* (Street and Number) Alice Ann st 119.
5. *Full Name of Mother* Rocka Baker
6. *Mother's Maiden Name* Hausman
7. *Mother's Birthplace* Attenau
8. *Full Name of Father* William Baker
9. *Father's Occupation* Workman
10. *Father's Birthplace* Bathmore

*Name of Medical Attendant,* or other Person who makes this Return. Johand Schultz

*Address* Alice Ann st 320

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17197

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) wht
3. *Date of Birth* march 1. 77
4. *Place of Birth* (Street and Number) 256 W. Fayette st
5. *Full Name of Mother* Fannie Cora Kraft
6. *Mother's Maiden Name* " " Hooper
7. *Mother's Birthplace* md
8. *Full Name of Father* M Gohen Kraft
9. *Father's Occupation* coal merchant
10. *Father's Birthplace* md

*Name of Medical Attendant,* or other Person who makes this Return. G Lane Tanyhill

*Address* 129 W Biddle st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
t the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
ix days thereafter, stating distinctly the date of birth sex, and color of the child or children
s or their physical condition, whether still born or not, the full name, nativity, and residence
arents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17198

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | erste |
| 1. Sex (state whether Male or Female) | Mädchen |
| 2. Race or Color (if not of the white race) | " |
| 3. Date of Birth | 1. März 1877. |
| 4. Place of Birth (Street and Number) | Süd Dallasstraße 188. |
| 5. Full Name of Mother | Lina Croß. |
| 6. Mother's Maiden Name | Stump |
| 7. Mother's Birthplace | Baltimore. |
| 8. Full Name of Father | William Croß |
| 9. Father's Occupation | Tuglöhner |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | Mrs. Louise Kraft. |
| Remarks | |

# RETURN OF A BIRTH.

17199

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (~~state whether Male or~~ Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 1st 1877

*4. Place of Birth (Street and Number)* 605 Penna Ave

*5. Full Name of Mother* Mary Myers

*6. Mother's Maiden Name* Mary Sheriff

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Geo. H. Myers

*9. Father's Occupation* Plasterer

*10. Father's Birthplace* Balto Co

*Name of Medical Attendant, or other Person who makes this Return.* Chas E Sadtler M.D.

*Address* 649 Penna Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17200

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 1st 1877 |
| *4. Place of Birth (Street and Number)* | No 132 William St |
| *5. Full Name of Mother* | Louisa Hayward |
| *6. Mother's Maiden Name* | Louisa Sanford |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | Samuel Hayward |
| *9. Father's Occupation* | Mechanic |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Noble Md |
| *Address* | 17 Warren av |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17201

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March. 12th. 1877. |
| *4. Place of Birth (Street and Number)* | 247 N. Howard St. |
| *5. Full Name of Mother* | Margaret. Ellen. Eller. |
| *6. Mother's Maiden Name* | " " Wilson. |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Conrad Eller. |
| *9. Father's Occupation* | Shoemaker. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Edward. F. McDevitt |
| *Address* | 37 N. Exeter St. |
| *Remarks* | |

17202

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* one Child one mother

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* of the Colord Race
3. *Date of Birth* March the 1 1877
4. *Place of Birth (Street and Number)* Dunkkins Ct 163 Baltimore
5. *Full Name of Mother* Sarah Bousen
6. *Mother's Maiden Name* Sara ~~[illegible]~~ Miller
7. *Mother's Birthplace* Amrundle County Md
8. *Full Name of Father* Daniel Bousen ~~[illegible]~~
9. *Father's Occupation* Labor
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Egessler St 130 Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17203

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 1st March
4. Place of Birth (Street and Number) 206 Madison St.
5. Full Name of Mother Martha McClellan
6. Mother's Maiden Name " Cooper.
7. Mother's Birthplace Baltimore
8. Full Name of Father Theodore Melville McClellan
9. Father's Occupation Moulder
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge advise at the birth of any child, within the City of Baltimore, shall report within six days thereafter, stating distinctly the date of birth, sex, and color born, its or their physical condition, whether still born or not, the full name, of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17201

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 Child.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* March 1st 1877

4. *Place of Birth (Street and Number)* No 60 Saratoga Street

5. *Full Name of Mother* Maria Colon

6. *Mother's Maiden Name* Parra

7. *Mother's Birthplace* Saratoga Spain

8. *Full Name of Father* Louis Mary Colon

9. *Father's Occupation* Spanish Consul

10. *Father's Birthplace* Puerto Rico Spain

*Name of Medical Attendant,* or other Person who makes this Return. Gertrude A Miller

*Address* 151 E. Pratt Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17205

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth March 1
4. Place of Birth (Street and Number) vane St. No 30
5. Full Name of Mother adelia E toomey
6. Mother's Maiden Name Adelia E Smith
7. Mother's Birthplace farmville VA
8. Full Name of Father James toomey
9. Father's Occupation music playing
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. r dorm

Address 122 hewter St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17206

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st 1877
4. *Place of Birth (Street and Number)* Lorraine St. near Park Ave
5. *Full Name of Mother* Harriet Reynolds Brown
6. *Mother's Maiden Name* Harriet Reynolds Cannington
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* Thomas Richardson Brown
9. *Father's Occupation* Physician
10. *Father's Birthplace* Kent County Md

*Name of Medical Attendant,* or other Person who makes this Return. T. R. Brown M.D.

*Address* Lorraine St near Park Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 17207

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the first |
| *4. Place of Birth (Street and Number)* | No. 403 West Mc henry st |
| *5. Full Name of Mother* | Mary E. Hoffman |
| *6. Mother's Maiden Name* | Mary E. Whittell |
| *7. Mother's Birthplace* | Jonestown M. D. |
| *8. Full Name of Father* | William Hoffman |
| *9. Father's Occupation* | Well digger |
| *10. Father's Birthplace* | Pennsylvania |
| *Name of Medical Attendant, or other Person who makes this Return.* | M. L. Leman |
| *Address* | No. 380 West Mc henry St |
| *Remarks* | Strong healthy child |

# RETURN OF A BIRTH.

17208

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | the Thirde |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the first 1877 |
| *4. Place of Birth (Street and Number)* | Chester St No 169 |
| *5. Full Name of Mother* | Mary J Funk |
| *6. Mother's Maiden Name* | Mary F Jarvis |
| *7. Mother's Birthplace* | Matthews Coodnty Va |
| *8. Full Name of Father* | Charles W Funk |
| *9 Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore Co |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anne E Bull No 170 Chester st |
| *Address* | South Chester St No 171 |
| *Remarks* | |

*Post any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

17209

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* March 1st 1877

*4. Place of Birth (Street and Number)* 108 W Robert St

*5. Full Name of Mother* Leola Hibbs

*6. Mother's Maiden Name* Ella Roland

*7. Mother's Birthplace* Calbert Co Md

*8. Full Name of Father* Richard Hibbs

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Calbert County Maryland

*Name of Medical Attendant,* or other Person who makes this Return. C Warn

*Address* 238 Robert St

*Remarks* none

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17210

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 1th |
| *4. Place of Birth (Street and Number)* | 165 Sterling St. |
| *5. Full Name of Mother* | Elisabeth Muller |
| *6. Mother's Maiden Name* | El. Gruner |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles Muller |
| *9. Father's Occupation* | Upholsterer |
| *10. Father's Birthplace* | Mannheim Baden Germ. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Walth. Muller |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17211

# RETURN OF A BIRTH.

/1

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 1st 1877 |
| *4. Place of Birth (Street and Number)* | 46 Ridgely Street |
| *5. Full Name of Mother* | Heddy Sackhoff |
| *6. Mother's Maiden Name* | " " Hollmeier |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | William Sackhoff |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17912

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | March 1st 1877 |
| *4. Place of Birth (Street and Number)* | 303 Forest St. |
| *5. Full Name of Mother* | Maggie Fellers |
| *6. Mother's Maiden Name* | Maggie Harvey |
| *7. Mother's Birthplace* | Balto. Md. |
| *8. Full Name of Father* | Frank Fellers |
| *9. Father's Occupation* | Tinner. |
| *10. Father's Birthplace* | Balto. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas N. Hunter M.D. |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17213

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 1st 1877 |
| *4. Place of Birth (Street and Number)* | 96 Washington St |
| *5. Full Name of Mother* | Wilamina Cram |
| *6. Mother's Maiden Name* | Wilamina Cram |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Jos Cram |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 52 E Lombard St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17211

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 10th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 1st 1877 |
| *4. Place of Birth (Street and Number)* | 28 Bank St |
| *5. Full Name of Mother* | Margaret Holdefer |
| *6. Mother's Maiden Name* | also Margaret Holdefer |
| *7. Mother's Birthplace* | Baltimore. Md. |
| *8. Full Name of Father* | Wm Holdefer |
| *9. Father's Occupation* | Huckster |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | D. Webster Cathell M. D. |
| *Address* | 1½ S Exeter St. |
| *Remarks* | |

*That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

17215

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) [redacted]

3. *Date of Birth* March 1st 1877

4. *Place of Birth* (*Street and Number*) 83 N Eden St

5. *Full Name of Mother* Harriet Jones

6. *Mother's Maiden Name* Harriet Bradley

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Wm Jones

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Saml B Powell M.D.

*Address* No 29 Aisquith St

*Remarks*

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17216

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 1st 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Boyd st No 120 |
| *5. Full Name of Mother* | Mary Christian |
| *6. Mother's Maiden Name* | " Flanery |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Christian |
| *9. Father's Occupation* | Kentucky |
| *10. Father's Birthplace* | Brick Layer |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm G Mitchell |
| *Address* | No 127 Caldwell |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17217

HEALTH DEPARTMENT
MAR 22 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | March 2d 1877. |
| *4. Place of Birth (Street and Number)* | No. 89 Exeter St. |
| *5. Full Name of Mother* | Katherine Sickel. |
| *6. Mother's Maiden Name* | Katherine Baker. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Ferdinand Sickel. |
| *9. Father's Occupation* | Pretzel Baker. |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dena Hillegeist. |
| *Address* | No. 162. E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17218

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 2d 1877.
4. *Place of Birth (Street and Number)* No. 210 Eager St.
5. *Full Name of Mother* Barbara Brenneis.
6. *Mother's Maiden Name* Barbara Stoke.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* August Brenneis.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillquist.

*Address* No. 182. E. Monument St.

*Remarks*

17219

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
9
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 March 2
4. *Place of Birth (Street and Number)* 63 Register Street
5. *Full Name of Mother* Emilie Homska
6. *Mother's Maiden Name* Bronel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Homska
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Siner
*Address* 1076 Granby Street
*Remarks*

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17220

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 2d 1877. |
| *4. Place of Birth (Street and Number)* | 214 S. Charles St. |
| *5. Full Name of Mother* | Josephine Beauchamp. |
| *6. Mother's Maiden Name* | " Patterson. |
| *7. Mother's Birthplace* | Balto. City. |
| *8. Full Name of Father* | Geo. Beauchamp. |
| *9. Father's Occupation* | Carpenter. |
| *10. Father's Birthplace* | Balto City. |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. N. Tall, M.D. |
| *Address* | 158 S. Charles St. |
| *Remarks* | Child living. |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

17221

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 2nd
4. Place of Birth (Street and Number) Alice Ann St 294.
5. Full Name of Mother Annie Fury
6. Mother's Maiden Name Sonnebecker
7. Mother's Birthplace Balt.
8. Full Name of Father Joseph Fury
9. Father's Occupation Baker
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Johana Lehnth

Address Alice Ann St 320

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17222

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* March 2d 1877

4. *Place of Birth (Street and Number)* Shotts Court

5. *Full Name of Mother* Mary E. Mathews

6. *Mother's Maiden Name* Mary E Boom

7. *Mother's Birthplace*

8. *Full Name of Father* Benjaman Mathews

9. *Father's Occupation*

10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Susan Bulle

*Address* No 173 West Lt

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17293

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | March 2 nd 1877 |
| *4. Place of Birth (Street and Number)* | Orleans St # 1 |
| *5. Full Name of Mother* | Caroline Klein |
| *6. Mother's Maiden Name* | " Klein |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | August Klein |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Rose Kelly |
| *Address* | 40 Holland St |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

17924

HEALTH DEPARTMENT MAR 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 2nd 1877

*4. Place of Birth (Street and Number)* 68 S. Broadway

*5. Full Name of Mother* Sallie Mc Shane

*6. Mother's Maiden Name* " Bradley

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* James Francis Mc Shane

*9. Father's Occupation* Physician

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. James F. Mc Shane, M.D.

*Address* 68 S. Broadway

*Remarks*

**advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children**

17225

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics; Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 2 1877 |
| *4. Place of Birth (Street and Number)* | No 31 N. Washington St |
| *5. Full Name of Mother* | Virginia B. Kinnan |
| *6. Mother's Maiden Name* | Virginia B. Shelton |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | William H. Kinnan |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary A Allwell |
| *Address* | 286 McDonogh st |
| *Remarks* | |

17226

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First chd

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) C
3. Date of Birth March 2 1877
4. Place of Birth (Street and Number) 152 Cathedral st
5. Full Name of Mother Lilly Roberts
6. Mother's Maiden Name Lilly Prince
7. Mother's Birthplace Balt Md
8. Full Name of Father Frank Roberts
9. Father's Occupation Waiter
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin Balt

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17227

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* Madchen.
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 2 März 1877.
4. *Place of Birth (Street and Number)* Canton O'Donell St.
5. *Full Name of Mother* Charlotte Helm.
6. *Mother's Maiden Name* Papst.
7. *Mother's Birthplace* Hessen = Darmstadt.
8. *Full Name of Father* Georg Helm.
9. *Father's Occupation* Hufschmied.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Anna Rimmen.

*Address* Elliott St. 61.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17228

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th Child of M[illegible]

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Of the White Race

*3. Date of Birth* March 2nd 1877

*4. Place of Birth (Street and Number)* No 3 Constitution Street

*5. Full Name of Mother* Elisabeth [illegible]

*6. Mother's Maiden Name* Elisabeth [illegible]

*7. Mother's Birthplace* Ohmsen Bayern Germany

*8. Full Name of Father* [illegible]

*9. Father's Occupation* Barber

*10. Father's Birthplace* Hollfeld Bayern Germany

*Name of Medical Attendant,* or other Person who makes this Return. Harbor Weiß Gebauer

*Address* No 26. X Friedrichstrasse

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17229

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** March 5th 1877.

HEALTH DEPARTMENT MAR 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1877.
4. *Place of Birth (Street and Number)* 258 East Pratt and Eastern Ave.
5. *Full Name of Mother* Anna Braback.
6. *Mother's Maiden Name* Annie Richhard.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Braback.
9. *Father's Occupation* Grocer & Ship
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Rev. Henry Arnd

*Address* No 137 Wolfe St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17230

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 27 1877

*4. Place of Birth (Street and Number)* 21 S. Mount St

*5. Full Name of Mother* Emily Esenger

*6. Mother's Maiden Name* " Stinchcomb

*7. Mother's Birthplace* Howard Co Md

*8. Full Name of Father* Thos Esenger

*9. Father's Occupation* Mechanic

*10. Father's Birthplace* Balt. Md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* [illegible]

*Remarks* 3.7 [illegible]

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17231

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
5
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 2nd 1877 |
| *4. Place of Birth (Street and Number)* | 92 High St |
| *5. Full Name of Mother* | Mary Veal |
| *6. Mother's Maiden Name* | Mary Coalchips |
| *7. Mother's Birthplace* | U States |
| *8. Full Name of Father* | William Veal |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | U States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 62 E Lombard St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

172.32

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 2nd 1877 |
| *4. Place of Birth (Street and Number)* | 45 Aisquith St |
| *5. Full Name of Mother* | Mary Starr |
| *6. Mother's Maiden Name* | " Miller |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Adam Starr |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah J Casper |
| *Address* | 52 E Lombard St |
| *Remarks* | |

# RETURN OF A BIRTH.

4417233

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 Children |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 2 of March |
| *4. Place of Birth (Street and Number)* | Bright Mcall Heath St No 3 |
| *5. Full Name of Mother* | Bridget Mcall Londonderry Island |
| *6. Mother's Maiden Name* | Bright Mcahaly |
| *7. Mother's Birthplace* | Londonderry Island |
| *8. Full Name of Father* | Patrick Mcall |
| *9. Father's Occupation* | Chemist |
| *10. Father's Birthplace* | County Cannon Island |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 125 |
| *Remarks* | |

...the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17231

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 2nd 1877 |
| *4. Place of Birth (Street and Number)* | No 174 Division Street |
| *5. Full Name of Mother* | Mrs Mary Gough |
| *6. Mother's Maiden Name* | Mary Maguire |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas W. Gough |
| *9. Father's Occupation* | Book-keeper |
| *10. Father's Birthplace* | St Mary's County Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | B. B. Browne M. D. |
| *Address* | 307 Madison Avenue |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17235

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 3d 1877.
4. *Place of Birth (Street and Number)* No. 19 Callender Alley.
5. *Full Name of Mother* Elizabeth Decker.
6. *Mother's Maiden Name* Elizabeth Brunner.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Everhardt C. Decker.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillequist

*Address* No. 182. E. Monument st.

*Remarks*

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17236

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* four

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* lighte

*3. Date of Birth* Marche 3. 1877

*4. Place of Birth (Street and Number)* Jeffersone St courte No 1

*5. Full Name of Mother* Mary An Combashe

*6. Mother's Maiden Name*

*7. Mother's Birthplace* fredericke

*8. Full Name of Father* George L Combase

*9. Father's Occupation* waitter

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Alice A Chatman

*Address* Dallass St No. 56

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17237

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 3d 1877 |
| *4. Place of Birth (Street and Number)* | No 150 N Bethel St Balto |
| *5. Full Name of Mother* | Mary E Yoe |
| *6. Mother's Maiden Name* | " " Stever |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | George Alexander Yoe |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | J Ridgway Andre MD |
| *Address* | No 121 E Baltimore street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17231

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3d March
4. *Place of Birth (Street and Number)* 160 S Eutaw
5. *Full Name of Mother* Anna Wagner
6. *Mother's Maiden Name* Behrens
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Wagner
9. *Father's Occupation* Second Hand Dealer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Boos

*Address* 321 S Eutaw St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17239

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wild
3. Date of Birth 9 Marg
4. Place of Birth (Street and Number) 173 Harfort eva
5. Full Name of Mother Alispaet Ripe
6. Mother's Maiden Name Alispaet Kock
7. Mother's Birthplace Baltemore
8. Full Name of Father Henne Kock
9. Father's Occupation Shumacker
10. Father's Birthplace Baltemore

Name of Medical Attendant, or other Person who makes this Return.

Address Mis Sauer

Remarks 173 Harfort eva

17240

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 March
4. *Place of Birth (Street and Number)* 144 McElery Street
5. *Full Name of Mother* Barbara Querengesser
6. *Mother's Maiden Name* Mierenzurer
7. *Mother's Birthplace* Germiny
8. *Full Name of Father* Louis Querengesser
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germiny

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
13
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 13
4. *Place of Birth (Street and Number)* Amity St 25
5. *Full Name of Mother* Ann Burns
6. *Mother's Maiden Name* Ann McCrunchey
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Burens
9. *Father's Occupation* L. Baker
10. *Father's Birthplace* Ireland

* *Name of Medical Attendant,* or other Person who makes this Return. Jane Mercer

*Address* McHenry St 136

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17242

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
13
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 8: 1877. |
| *4. Place of Birth (Street and Number)* | 39 N. Charles St. |
| *5. Full Name of Mother* | Mary A. Cristal, |
| *6. Mother's Maiden Name* | Mary A. Casey. |
| *7. Mother's Birthplace* | Georgia, |
| *8. Full Name of Father* | William Henry Cristal, |
| *9. Father's Occupation* | Marine Engineer, |
| *10. Father's Birthplace* | Pennsylvania, |
| *Name of Medical Attendant, or other Person who makes this Return.* | S. N. Hanck M.D. |
| *Address* | 75 E. Baltimore St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17243

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 2.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 3d March
4. *Place of Birth* (Street and Number) Harmoney alley
5. *Full Name of Mother* Mandy ~~Holly~~ Wheeler
6. *Mother's Maiden Name* Mandy Kelly
7. *Mother's Birthplace* Charlestown
8. *Full Name of Father* Georg Wheeler
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Lear Walker 74 S. dallas

*Address*

*Remarks*

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

172444

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 3rd 1877 |
| *4. Place of Birth (Street and Number)* | 36 E Baltimore St |
| *5. Full Name of Mother* | Elisabeth Meit |
| *6. Mother's Maiden Name* | Elisabeth Schmick |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Conrad Meit |
| *9. Father's Occupation* | Merchant Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 52 E Lombard St |
| *Remarks* | |

...that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17245

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* March 3rd 1877

*4. Place of Birth (Street and Number)* No 150 West st

*5. Full Name of Mother* Mary Citemiller

*6. Mother's Maiden Name* Koenig

*7. Mother's Birthplace* America

*8. Full Name of Father* Cristian Citemiller

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohwasser midwife

*Address* 213 Cross st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17246

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* one

*1. Sex (state whether Male or Female)* Mail

*2. Race or Color (if not of the white race)* Colard

*3. Date of Birth* March 3

*4. Place of Birth (Street and Number)* No 147 N Chapel St

*5. Full Name of Mother* Emelia Ann Mills

*6. Mother's Maiden Name* Emelia Ann Collins

*7. Mother's Birthplace* Snow Hill Worcester

*8. Full Name of Father* John Thomas Mills

*9. Father's Occupation* Labor

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Foot

*Address* mid Mile Youngcarty

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17247

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
9
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1877
4. *Place of Birth (Street and Number)* Pulaski St. No. 19
5. *Full Name of Mother* Mary E. Berk
6. *Mother's Maiden Name* Mary E. Stoeder
7. *Mother's Birthplace* Echzell Gr. Hessen Germany
8. *Full Name of Father* Charles H. Berk
9. *Father's Occupation* Milk Business
10. *Father's Birthplace* Hesse Gr. Hessen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* S. Gallas St. No 26

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17245

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Three

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Dark
3. *Date of Birth* March 4. 1877
4. *Place of Birth (Street and Number)* Durham st 2.11
5. *Full Name of Mother* Mary Ann Hutchins
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Mary Land
8. *Full Name of Father* Roberte Hutchins
9. *Father's Occupation* labourer
10. *Father's Birthplace* eastern Shore Md

*Name of Medical Attendant, or other Person who makes this Return.* Alice A Chatman

*Address* Dallas st No 58

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17249

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | ~~XX~~ March 4 |
| *4. Place of Birth (Street and Number)* | 177 Ensor St |
| *5. Full Name of Mother* | Mary Hess |
| *6. Mother's Maiden Name* | Piercy |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Hess |
| *9. Father's Occupation* | Tin Sheet Iron Worker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T. Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

17250

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 4th 1877

*4. Place of Birth (Street and Number)* No. 78 Greenfield Hall

*5. Full Name of Mother* Maria Scherff

*6. Mother's Maiden Name* Maria Götz

*7. Mother's Birthplace* Germania

*8. Full Name of Father* John Scherff

*9. Father's Occupation* Lieberman

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. M. Strang

*Remarks* No. 32 Lieberman Street

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17251

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 4th

*4. Place of Birth (Street and Number)* 232 Prairie St

*5. Full Name of Mother* Francis Eckers

*6. Mother's Maiden Name* Spaller

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Klaus Eckers

*9. Father's Occupation* Varnisher

*10. Father's Birthplace* Sleswig Holstein

*Name of Medical Attendant,* or other Person who makes this Return. Mary Koch

*Address* 325 S Eutaw St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17232

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male Race |
| *2. Race or Color (if not of the white race)* | White Race |
| *3. Date of Birth* | 4th of March 1877 |
| *4. Place of Birth (Street and Number)* | 88 Mulliken St. |
| *5. Full Name of Mother* | Sarah E. Wright |
| *6. Mother's Maiden Name* | Sarah E. Forchester |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Bradford A. Wright |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Walter |
| *Address* | 125 N. Caroline St |
| *Remarks* | |

Walter March 6 1877

17253

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* March 4th 1877

*4. Place of Birth (Street and Number)* 7 of Hudson Ct.

*5. Full Name of Mother* Eliz. Brooks

*6. Mother's Maiden Name* Talent

*7. Mother's Birthplace* Balt. Md

*8. Full Name of Father* B. J. Brooks

*9. Father's Occupation* Wood Dealer

*10. Father's Birthplace* Balt. Md.

*Name of Medical Attendant,* or other Person who makes this Return. G. G. Rust M.D.

*Address* Balt. Hush St.

*Remarks* Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

172511

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* 4th March 1877.
4. *Place of Birth* (Street and Number) 167. Arlington Avenue.
5. *Full Name of Mother* Lydia V. Olen.
6. *Mother's Maiden Name* " " Loane.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Millard Fillmore Olen.
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Harry L. Byrd M.D.

*Address* 139. Arlington Avenue.

*Remarks* Natural Born, Instrumentation.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17255

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | one. the first |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | the 4 of March |
| *4. Place of Birth (Street and Number)* | 68 North Wolf St. |
| *5. Full Name of Mother* | Wilhelmine Kumlehn |
| *6. Mother's Maiden Name* | Ernestine Wilhelmine Burckhardt |
| *7. Mother's Birthplace* | Reichenbach. Sachsen |
| *8. Full Name of Father* | H. C. Wilhelm Kumlehn |
| *9. Father's Occupation* | Backer |
| *10. Father's Birthplace* | Mairzholzen. Braunshweig |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Sommerfeld |
| *Address* | |
| *Remarks* | well. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17256

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 4 |
| *4. Place of Birth (Street and Number)* | 124 Ensor St |
| *5. Full Name of Mother* | Ann Murphy |
| *6. Mother's Maiden Name* | Hensey |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Cornelius Murphy |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Urrula T Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

17257

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
8
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth (8) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 4th 1877 |
| *4. Place of Birth (Street and Number)* | 52 Spring Row |
| *5. Full Name of Mother* | Elizabeth Jane MacWilliams |
| *6. Mother's Maiden Name* | Dawson |
| *7. Mother's Birthplace* | Scotland (Leith) |
| *8. Full Name of Father* | William MacWilliams |
| *9. Father's Occupation* | Baker 43 & Eden St. |
| *10. Father's Birthplace* | Newtownards Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula J Prisner |
| *Address* | 19 forest place |
| *Remarks* | |

17238

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
17
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 March
4. *Place of Birth (Street and Number)* 68 Lancaster Alley
5. *Full Name of Mother* Terezia Berounek
6. *Mother's Maiden Name* Selinek
7. *Mother's Birthplace* Prack Bohemia
8. *Full Name of Father* Mafias Berounek
9. *Father's Occupation* Schoemaeker
10. *Father's Birthplace* Plana Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 20 Barnes Alley

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17259

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Quater of nine sunday March 4 1877
4. Place of Birth (Street and Number) No 5 Plowman St
5. Full Name of Mother Mrs Mary Girdella
6. Mother's Maiden Name Mrs Mary Bacigalupi
7. Mother's Birthplace No 60 Gay St Baltimore
8. Full Name of Father Charles Burns
9. Father's Occupation Store - Keeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Carbon Reiß Hebamme

Address No 26 N Friedrichsstr

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17260

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child living |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 4th 1877 |
| *4. Place of Birth (Street and Number)* | 1258 Lorderdale st. |
| *5. Full Name of Mother* | Mathilde Walter |
| *6. Mother's Maiden Name* | Krenzer |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Balthasar Walter |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Balthasser and wife |
| *Address* | 213 Broad st. |
| *Remarks* | |

17261

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. APR 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 4th 1877. |
| *4. Place of Birth (Street and Number)* | 59 S Collington Ave |
| *5. Full Name of Mother* | Margaret Heise |
| *6. Mother's Maiden Name* | " Ruppert |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | August J Heise |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | D. Webster Cathell M.D. |
| *Address* | 124 Exeter St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17262

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 4th 1877 |
| *4. Place of Birth (Street and Number)* | 230 Lafayette Ave |
| *5. Full Name of Mother* | Mattie B. Beall |
| *6. Mother's Maiden Name* | Hooff |
| *7. Mother's Birthplace* | Alexandria Va |
| *8. Full Name of Father* | A. Brooke Beall |
| *9. Father's Occupation* | Book keeper |
| *10. Father's Birthplace* | Norfolk |
| *Name of Medical Attendant,* or other Person who makes this Return. | D. L. Williams |
| *Address* | 201 Madison Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17263

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) one mother one Childe

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth March the 4.18.77
4. Place of Birth (Street and Number) Chudor St No 17
5. Full Name of Mother Pisiar Barkley
6. Mother's Maiden Name Pisiar Caine
7. Mother's Birthplace Dorchesstor Co md
8. Full Name of Father Antney Barkley
9. Father's Occupation Labor
10. Father's Birthplace Dorchestor Co md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wolford

Address Tegesser St 130 Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

172611

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Wht
3. *Date of Birth* F. March
4. *Place of Birth* (Street and Number) Carlin st No 211
5. *Full Name of Mother* Charlotte Rehinkopf
6. *Mother's Maiden Name* Charlotte Sifert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Some Sifert
9. *Father's Occupation* Saben
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Sauer 173 Hanover ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17265

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 5 1877 |
| *4. Place of Birth (Street and Number)* | East Madison St 303 |
| *5. Full Name of Mother* | Eva Shuster |
| *6. Mother's Maiden Name* | Eva Baker |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Otto Shuster |
| *9. Father's Occupation* | Cabinet Maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Amanda Marine |
| *Address* | 323 East Monument St |
| *Remarks* | Baltimore Md |

# RETURN OF A BIRTH.

17266

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
9
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 5th March 1877
4. *Place of Birth (Street and Number)* 30 Pine St
5. *Full Name of Mother* Mary V. Bowen
6. *Mother's Maiden Name* Mary V Phillips
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John L. Boyer
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Geo. G Brewer M D

*Address* 258 W. Fayette St.

*Remarks*

*advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

17267

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether ~~Male or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 5. 1877
4. *Place of Birth (Street and Number)* E. Baltimore St. No. 244
5. *Full Name of Mother* Sophia Letzer
6. *Mother's Maiden Name* Sophia Letzer
7. *Mother's Birthplace* Gelemühl. N. Baiern Germany
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17268

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 5th
4. *Place of Birth* (Street and Number) Carolina 272
5. *Full Name of Mother* Mary Bacar
6. *Mother's Maiden Name* Pfeifer
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Michael Bacar
9. *Father's Occupation* Boat Builder
10. *Father's Birthplace* Germany

*Name of Medical Attendant*, or other Person who makes this Return. Johana Schultz

*Address* Alice Anna 220

*Remarks*

17269

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
8
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st.

*1. Sex (state whether Male or Female)* Male.

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* March 5. 1877.

*4. Place of Birth (Street and Number)* 175 Saratoga St.

*5. Full Name of Mother* Salage Morgan.

*6. Mother's Maiden Name* Dickson.

*7. Mother's Birthplace* Charleston S. C.

*8. Full Name of Father* Wilbur Phelps Morgan.

*9 Father's Occupation* Physician.

*10. Father's Birthplace* Jefferson Co. Virginia.

*Name of Medical Attendant,* or other Person who makes this Return. Dr W. P. Morgan.

*Address* 175 Saratoga St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17270

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 5 |
| *4. Place of Birth (Street and Number)* | 167 Greenmount Ave |
| *5. Full Name of Mother* | Elizabeth Kiely |
| *6. Mother's Maiden Name* | Ward |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Kiely |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula J Chrismer |
| *Address* | No 18 Forrest Place |
| *Remarks* | |

17271

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ninth 9th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Monday March 5th 1877 |
| *4. Place of Birth (Street and Number)* | Number 16 West [illegible] |
| *5. Full Name of Mother* | Ottilia Crow |
| *6. Mother's Maiden Name* | Ottilia Baker |
| *7. Mother's Birthplace* | Hessian Germania |
| *8. Full Name of Father* | John Crow |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Hessian Germania |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Dunnellen Midwife |
| *Address* | 66 Schroder, near Lexington |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17272

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 5th 1877 |
| *4. Place of Birth (Street and Number)* | Penna. Avenue near Boundary Ave. |
| *5. Full Name of Mother* | Mary Catherine Rupesberger Schaefer |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Gustave Henry Rupesberger |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

17273

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 5th |
| *4. Place of Birth (Street and Number)* | 13 Ridgely st |
| *5. Full Name of Mother* | Minnie Roth |
| *6. Mother's Maiden Name* | Martagle |
| *7. Mother's Birthplace* | Prussia |
| *8. Full Name of Father* | Frederick Roth |
| *9. Father's Occupation* | Carrer Carrer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Kroll |
| *Address* | 328 S Eutaw st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17274

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5th 1877
4. *Place of Birth (Street and Number)* Baltimore Poppleton st No. 116
5. *Full Name of Mother* Laura Oxford
6. *Mother's Maiden Name* " " Crangden
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel Oxford
9. *Father's Occupation* Shoe-Maker
10. *Father's Birthplace* West Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. C. Mitchell

*Address* No. 122 Parkin st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17275

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
10
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th March 1877
4. *Place of Birth (Street and Number)* 17 S. Chapel
5. *Full Name of Mother* Rosa Muller
6. *Mother's Maiden Name* Rosa Muller
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wm Brown
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. M. Loeffler

*Address* 25 S. Durham St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

No. 17276

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 5th 1877 |
| *4. Place of Birth (Street and Number)* | 153 Dolier St. |
| *5. Full Name of Mother* | Christiana Berger |
| *6. Mother's Maiden Name* | Ch. Eckert |
| *7. Mother's Birthplace* | Prussian Germany |
| *8. Full Name of Father* | Henry Berger |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Hensel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

# RETURN OF A BIRTH.

17277

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 5th 1877 |
| *4. Place of Birth (Street and Number)* | 57 Pear 57 |
| *5. Full Name of Mother* | Anna Phelips |
| *6. Mother's Maiden Name* | A. McCollor |
| *7. Mother's Birthplace* | Cumberland |
| *8. Full Name of Father* | Wm Phelips |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Clarkson |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1776

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 5. 1877
4. *Place of Birth (Street and Number)* 13 Little Ogne Street
5. *Full Name of Mother* Florence Warfield
6. *Mother's Maiden Name* Florence ~~Dail~~ Brown
7. *Mother's Birthplace* Charles County Maryland
8. *Full Name of Father* Charles M. Warfield
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bradley Doctress

*Address* 85 Orchard Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17279

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 5th

*4. Place of Birth (Street and Number)* Bal 82 Conaway st

*5. Full Name of Mother* Joe Hartwell

*6. Mother's Maiden Name* Ann Bolden

*7. Mother's Birthplace* Baltimore city

*8. Full Name of Father* Bal Hartwell

*9. Father's Occupation* Undertaker

*10. Father's Birthplace* Centerville county Md

*Name of Medical Attendant,* or other Person who makes this Return. Wm E Fullenkamp

*Address*

*Remarks* Child and mother living and doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17289

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | in Boltimore |
| *1. Sex (state whether Male or Female)* | Male in Boltimore |
| *2. Race or Color (if not of the white race)* | it is mte race |
| *3. Date of Birth* | 5 March 1877 |
| *4. Place of Birth (Street and Number)* | in Boltimor gen St 255 |
| *5. Full Name of Mother* | borbr Novok |
| *6. Mother's Maiden Name* | barry vorherner |
| *7. Mother's Birthplace* | hanouic |
| *8. Full Name of Father* | jimes vorherner |
| *9. Father's Occupation* | Black snit |
| *10. Father's Birthplace* | in hanouic |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Kuptish |
| *Address* | |
| *Remarks* | One child<br>first child |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17281

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 5th 1877 |
| *4. Place of Birth (Street and Number)* | Ensor St. |
| *5. Full Name of Mother* | Mary Anna |
| *6. Mother's Maiden Name* | Kempe |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | George Peter Trenlist |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. E. Stein, M.D. |
| *Address* | 195 N. Eden St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17282

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 5 of March 1877.
4. *Place of Birth (Street and Number)* No 276 Sterling St.
5. *Full Name of Mother* Mary Hugga
6. *Mother's Maiden Name* Mary Bessing
7. *Mother's Birthplace* is Baltimore
8. *Full Name of Father* Christolp Hugga,
9. *Father's Occupation* a Baker,
10. *Father's Birthplace* is Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Engelsberger

*Address* No 16 Union st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17283

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 5th 1877

*4. Place of Birth (Street and Number)* 25 No Pappleton St.

*5. Full Name of Mother* Mary Laurge

*6. Mother's Maiden Name* " McMechen

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* Jno Laurge

*9. Father's Occupation* Clerk.

*10. Father's Birthplace* Balto Md.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* [illegible]

*Remarks* 399 W. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17284

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | March 5th 1877 |
| *4. Place of Birth (Street and Number)* | 22 Rose St |
| *5. Full Name of Mother* | Mary E Thomas |
| *6. Mother's Maiden Name* | " " Woods |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Francis J Thomas |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | W E Reder MD |
| *Address* | 87 Mulberry St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17285

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Wite
3. *Date of Birth* 5 of March 1877
4. *Place of Birth (Street and Number)* 160 Washington street
5. *Full Name of Mother* Isriebell Lyndin
6. *Mother's Maiden Name* Isribell Garrison
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Lambdin
9. *Father's Occupation* Pudler
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Louisa Wiley

*Address* No 12 Paterson Park Avenue

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17286

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 5th |
| *4. Place of Birth (Street and Number)* | 544 E. Monument st |
| *5. Full Name of Mother* | Elizabetha Norman |
| *6. Mother's Maiden Name* | Schwetas |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Chas. Norman |
| *9. Father's Occupation* | Cigarmaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Lyhler |
| *Address* | 55 S. Bond st |
| *Remarks* | Balto Md |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17287

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Mar 6th 1877 |
| *4. Place of Birth (Street and Number)* | 9 Camden St |
| *5. Full Name of Mother* | Ann [redacted] Bailey |
| *6. Mother's Maiden Name* | " Lane |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Alfred I Bailey |
| *9. Father's Occupation* | Barkeeper |
| *10. Father's Birthplace* | Prince Annes |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ann Duffy |
| *Address* | 17 Little monument |
| *Remarks* | |

17288

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 6th 1877 |
| *4. Place of Birth (Street and Number)* | No 3 Little Church st. |
| *5. Full Name of Mother* | Mary Skur |
| *6. Mother's Maiden Name* | Wüstling |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Hugo Wm Skur |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schwoeser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17289

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Fem

*2. Race or Color (if not of the white race)* Yellow

*3. Date of Birth* March 6, 1877

*4. Place of Birth (Street and Number)* 15 Marion St

*5. Full Name of Mother* Emma Stanley

*6. Mother's Maiden Name* " "

*7. Mother's Birthplace* Maryland

*8. Full Name of Father* St Paul St. Lawyer. name unknown

*9 Father's Occupation* Lawyer

*10. Father's Birthplace* Unknown

*Name of Medical Attendant,* or other Person who makes this Return. Dr W. P. Morgan

*Address* 175 Saratoga St

*Remarks* Illegitimate

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17290

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd " |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 6th " 1877 |
| *4. Place of Birth (Street and Number)* | 112 So. Bond St. |
| *5. Full Name of Mother* | Elizabeth Jane Dougherty |
| *6. Mother's Maiden Name* | " " Mahoney |
| *7. Mother's Birthplace* | Co. Mayo Ireland |
| *8. Full Name of Father* | John W. Dougherty |
| *9. Father's Occupation* | Sea Captain |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | L. A. Wilkins M.D. |
| *Address* | 77 So. Broadway |
| *Remarks* | |

17291

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 6

*4. Place of Birth (Street and Number)* 104 St Peter St

*5. Full Name of Mother* Mary Gangmann

*6. Mother's Maiden Name* Long

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Charles Gangman

*9. Father's Occupation* Furnisher

*10. Father's Birthplace* Balti

*Name of Medical Attendant,* or other Person who makes this Return. Mary Krah

*Address* 328 Eutaw St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17292

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 6th 1877
4. *Place of Birth (Street and Number)* 54 S. Castel St.
5. *Full Name of Mother* Barbara Amuller
6. *Mother's Maiden Name* Barbara Braun
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John Amuller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. M. Leederer

*Address* 25 S. Durham St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17293

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ~~White~~ Colord
3. *Date of Birth* 6th of March 1877
4. *Place of Birth (Street and Number)* 42 N. Spring St
5. *Full Name of Mother* Mary Askins
6. *Mother's Maiden Name* Mary Brown
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Askins
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mary Walter

*Address* 25 N. Caroline St

*Remarks* Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17294

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* March 6th '77
4. *Place of Birth* (Street and Number) 193 Arlington Ave
5. *Full Name of Mother* Lavinia Howard
6. *Mother's Maiden Name* Lavinia Cassady
7. *Mother's Birthplace* Frederick C. Maryland
8. *Full Name of Father* William J Howard
9. *Father's Occupation* Patent Solicitor
10. *Father's Birthplace* England

*Name of Medical Attendant,* or other Person who makes this Return. Edmund K Walker

*Address* 180 Linden Avenue

*Remarks* L O A - 36 hours Long - 1st Pregnancy after nine years marriage

17295

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth March 6 1877

4. Place of Birth (Street and Number) Baltimore MD 152 Warner St

5. Full Name of Mother Elesabath more

6. Mother's Maiden Name Elesabath Elvins

7. Mother's Birthplace Annrandle County

8. Full Name of Father Joseph more

9. Father's Occupation Oyster Shobker

10. Father's Birthplace Annrandle County

Name of Medical Attendant, or other Person who makes this Return. Francis granbr

Address Lexington St

Remarks No 75

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17296

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 6th 1877
4. *Place of Birth (Street and Number)* North west Corner of Broadway Thames
5. *Full Name of Mother* Mary Grothaus
6. *Mother's Maiden Name* Richter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Grothaus
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertrude E Miller

*Address* 151 E. Pratt Street

*Remarks*

17297

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 8 Children

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 6 1877
4. *Place of Birth* (Street and Number) N 07 Shutter St
5. *Full Name of Mother* Henrietta Pinkney
6. *Mother's Maiden Name* Henrietta Johnson
7. *Mother's Birthplace* Eastern Md
8. *Full Name of Father* Jeramiah Pinkney
9. *Father's Occupation* Cooper
10. *Father's Birthplace* St Nicolas Md

*Name of Medical Attendant*, or other Person who makes this Return. Mrs. Mary E. Barker

*Address* No 51 Jefferson St

*Remarks* None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17298

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 March
4. *Place of Birth (Street and Number)* 18 Anthony St
5. *Full Name of Mother* Fr. Kutil
6. *Mother's Maiden Name* Nekvenda
7. *Mother's Birthplace* Koletin Bohemia
8. *Full Name of Father* Fr. Kutil
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Sirakov Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. G. Conrad

*Address* 20 Barnes St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17299

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
7
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 6 of March 18. 77,
4. *Place of Birth (Street and Number)* No 61 Druid Hill avenue,
5. *Full Name of Mother* Laizzia Schultz,
6. *Mother's Maiden Name* Laizzia Starliff,
7. *Mother's Birthplace is* Germany,
8. *Full Name of Father* Liahwich Schultz,
9. *Father's Occupation* a Baker,
10. *Father's Birthplace is* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Midwife. Theresa Eigeldinger

*Address* No 14 Mercer St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17300

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
7
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex* (state whether Male or Female) Knabe.
2. *Race or Color* (if not of the white race) weiß B.
3. *Date of Birth* d. 6. März 1877.
4. *Place of Birth* (Street and Number) Canton Clinton St.
5. *Full Name of Mother* Caroline Ermer.
6. *Mother's Maiden Name* Lange.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Ermer.
9. *Father's Occupation* Tagelöhner
10. *Father's Birthplace* Preußen.

*Name of Medical Attendant*, or other Person who makes this Return. Anna Rimmer.

*Address* Elliott St. 61.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17301

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 March 1877
4. *Place of Birth (Street and Number)* 6 South Pope St
5. *Full Name of Mother* Barri Koenig Kind
6. *Mother's Maiden Name* Barri Hedgenmile
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ben Hengenmile
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 11 North Chappel St for John Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17302

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE

March 9th 1877

Florence Fink

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 7th 1877
4. *Place of Birth (Street and Number)* 9 Wolfe st.
5. *Full Name of Mother* Barbara Fink
6. *Mother's Maiden Name* Barbara Ammerein.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Simon Fink.
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Arnold

*Address* No 127 Wolfe St.

*Remarks* 4

GIVEN NAME ADDED 8-6-52

17303

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 4th 1877 |
| *4. Place of Birth (Street and Number)* | No 10 Barney st. |
| *5. Full Name of Mother* | Elise Engeland |
| *6. Mother's Maiden Name* | Schneider |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | John Engeland. |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 17304

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 7 /

*1. Sex* (state whether Male ~~or Female~~)

*2. Race or Color* (if not of the white race) White

*3. Date of Birth* March 7. 1877

*4. Place of Birth* (Street and Number) 306 N. Gilmor St

*5. Full Name of Mother* Virginia Calvert Key Glazebrook

*6. Mother's Maiden Name* " " " Smith

*7. Mother's Birthplace* Lexington Va

*8. Full Name of Father* Otis Allan Glazebrook

*9. Father's Occupation* P. E. Clergyman

*10. Father's Birthplace* Richmond Va

*Name of Medical Attendant,* or other Person who makes this Return. A Tousley Md

*Address* 454 N. Carey St

*Remarks*

17305

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 7th of March

*4. Place of Birth (Street and Number)* No 3673 Cathedral St.

*5. Full Name of Mother* Mary Montgomery

*6. Mother's Maiden Name* Mc Jane

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Samuel John Montgomery

*9. Father's Occupation* Boiler Maker

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 3[illegible] Cathedral St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17306

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 7 März
4. *Place of Birth (Street and Number)* 180 Kamph Strit Conway
5. *Full Name of Mother* Catharina Pletsch Pletsch
6. *Mother's Maiden Name* L. Albrecht
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Albrecht
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strit

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17307

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 7th March 1877 |
| *4. Place of Birth (Street and Number)* | No. 87 Cambridge St |
| *5. Full Name of Mother* | Annie Elizabeth Jones |
| *6. Mother's Maiden Name* | Annie Elizabeth Reese |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Samuel Jones |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Sarah Sullens |
| *Address* | No. 104 Curley St Canton |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17308

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 5 Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 7th 1877 |
| 4. Place of Birth (Street and Number) | 215 N. Carey St. |
| 5. Full Name of Mother | Mrs. Jennie Higgins |
| 6. Mother's Maiden Name | Jennie White |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | J. R. Higgins |
| 9. Father's Occupation | Merchant |
| 10. Father's Birthplace | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | A H Saxton M D |
| Address | 543 Lexington St |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17309

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eight |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | March 7th 1877 |
| *4. Place of Birth (Street and Number)* | No 8 Little Monument |
| *5. Full Name of Mother* | Mary E Mathews |
| *6. Mother's Maiden Name* | Mady E. Black |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Charles Mathews |
| *9. Father's Occupation* | Grain Runner |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Wunderger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

17310

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 1st March 1877 |
| *4. Place of Birth (Street and Number)* | 81 Lombard St |
| *5. Full Name of Mother* | Wilhelmina Ackerman |
| *6. Mother's Maiden Name* | Klosner |
| *7. Mother's Birthplace* | U. States of America |
| *8. Full Name of Father* | Carl Ackerman |
| *9. Father's Occupation* | Tinsmith |
| *10. Father's Birthplace* | U. States of America |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper per [illegible] |
| *Address* | 52 E Lombard St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17311

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 7th 1877 |
| *4. Place of Birth (Street and Number)* | 59 Lexington street |
| *5. Full Name of Mother* | Ros Harke |
| *6. Mother's Maiden Name* | R. Boller |
| *7. Mother's Birthplace* | Eisleben Germany |
| *8. Full Name of Father* | Fred. Harke |
| *9. Father's Occupation* | Tavern |
| *10. Father's Birthplace* | Bremen Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Sarwell |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
, its or their physical condition, whether still born or not, the full name, nativity, and residence
e parents, and the maiden name of the mother of such child or children.

17312

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 7 of March |
| *4. Place of Birth (Street and Number)* | 291 Inceldry St |
| *5. Full Name of Mother* | Mary Tueaber |
| *6. Mother's Maiden Name* | Vicory |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Frederick Le Tueaber |
| *9. Father's Occupation* | Teamster |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 286 McDonogh St |
| *Remarks* | |

17313

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fifth

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 March
4. *Place of Birth (Street and Number)* 34 Esterne Ave.
5. *Full Name of Mother* Katharine Wagner
6. *Mother's Maiden Name* " Karl's.
7. *Mother's Birthplace* Sachsen Germania.
8. *Full Name of Father* John Wagner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 20 Orleans St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

173111

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* March 7 1877
4. *Place of Birth (Street and Number)* 3 Shields Alley
5. *Full Name of Mother* Sirah Williams
6. *Mother's Maiden Name* Sarah Boud
7. *Mother's Birthplace* Accomac County Eastern Shore M.D.
8. *Full Name of Father* Georg Williams
9. *Father's Occupation* Cochman
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this Return.* Hester Bordley Dactress
*Address* 85 Orchard Street
*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17315

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 7 1877
4. *Place of Birth (Street and Number)* 3 Rose Street
5. *Full Name of Mother* Sarah Bias
6. *Mother's Maiden Name* Sarah Boston
7. *Mother's Birthplace* Howard County Maryland
8. *Full Name of Father* Horace Bias
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Queen anne County Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bowley Doctress

*Address* 85 Orchard Street

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

17316

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 7-'77 |
| *4. Place of Birth (Street and Number)* | 132 Druid Hill Ave. |
| *5. Full Name of Mother* | Mary J Shelley |
| *6. Mother's Maiden Name* | Tuttle |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | William F Shelley |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M D |
| *Address* | 112 N. Greene St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17317

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 7 of March
4. *Place of Birth (Street and Number)* Locust Point Bieson Street No. 70
5. *Full Name of Mother* Maria Otterbein
6. *Mother's Maiden Name* Maria Simon
7. *Mother's Birthplace* Willebadessen. Preusen
8. *Full Name of Father* Adam Otterbein
9. *Father's Occupation* Bacher
10. *Father's Birthplace* Salzschlürf Preusen German

*Name of Medical Attendant,* or other Person who makes this Return. Anna Margaretha Ertel ~~Mr~~

*Address* No. 13. Tubar Street.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17318

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 14 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 7 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 7 1877
4. *Place of Birth (Street and Number)* South Wolfstr No 17
5. *Full Name of Mother* Regina Humpert
6. *Mother's Maiden Name* Regina Schick
7. *Mother's Birthplace* Erfurthausen Prussia
8. *Full Name of Father* Franz Humpert
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Erfurthausen Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17319

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 7th |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | |
| 3. *Date of Birth* | March 7th 1877 |
| 4. *Place of Birth* (Street and Number) | 116 North Eden |
| 5. *Full Name of Mother* | Lottie Willens |
| 6. *Mother's Maiden Name* | " Nichols |
| 7. *Mother's Birthplace* | Balto |
| 8. *Full Name of Father* | Thomas Willens |
| 9 *Father's Occupation* | Police |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant* or other Person who makes this Return. | Geo B Reynolds M.D. |
| *Address* | |
| *Remarks* | |

11411

17329

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 8 March

*4. Place of Birth (Street and Number)* 4 Peach Alley

*5. Full Name of Mother* Catharina Sauer

*6. Mother's Maiden Name* Menkel

*7. Mother's Birthplace* Kurhessen

*8. Full Name of Father* August Sauer

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Kurhessen

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kron

*Address* 328 S Eutaw St.

*Remarks*

17321

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first one

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Eaith of March 1877

*4. Place of Birth (Street and Number)* No 267 preston st

*5. Full Name of Mother* Miss Maggeret house

*6. Mother's Maiden Name* Maggret Ockman

*7. Mother's Birthplace* germany

*8. Full Name of Father* Michel house

*9. Father's Occupation* laboring Work

*10. Father's Birthplace* germany

*Name of Medical Attendant,* or other Person who makes this Return. Mid Wife Threase Eigeldinger

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17322

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 8th 1877.
4. *Place of Birth (Street and Number)* No. 269. Central Ave.
5. *Full Name of Mother* Rosa Knell.
6. *Mother's Maiden Name* Rosa Knaw.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* William Knell.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* New York.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17323

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 6

*1. Sex (state whether Male or Female)* Männlich

*2. Race or Color (if not of the white race)* Weiß

*3. Date of Birth* 8 März

*4. Place of Birth (Street and Number)* 20 Bevan Strit

*5. Full Name of Mother* Lathrina Siegle

*6. Mother's Maiden Name* L Fritz

*7. Mother's Birthplace* Deutschland

*8. Full Name of Father* Adam Fritz

*9. Father's Occupation* Schumacher

*10. Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Lathrina Münch

*Address* 74 Gaetenhall Strit

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17324

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE.

Name: Helen Granville Ward

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White, |
| *3. Date of Birth* | March 8. 1877. |
| *4. Place of Birth (Street and Number)* | 124 W. Fayette St. |
| *5. Full Name of Mother* | Laura Matilda. |
| *6. Mother's Maiden Name* | Mc Knew. |
| *7. Mother's Birthplace* | Laurel, Prince Georges Co. Md |
| *8. Full Name of Father* | Granville Dorsey Ward. |
| *9 Father's Occupation* | Telegraph Operator. |
| *10. Father's Birthplace* | Newmarket, Fred. Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr W. P. Morgan |
| *Address* | 175 Saratoga St. |
| *Remarks* | |

17325

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
24
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Jewish race |
| *3. Date of Birth* | March 8th 1871 |
| *4. Place of Birth (Street and Number)* | Exeter St # 10 |
| *5. Full Name of Mother* | Johannah Joplin |
| *6. Mother's Maiden Name* | " Ehrlich |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Emmanuel Joplin |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Washington D. C. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Rose Nelly |
| *Address* | 48 Holland St |
| *Remarks* | |

# RETURN OF A BIRTH.

17326

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 8th |
| *4. Place of Birth (Street and Number)* | 147 Orange st |
| *5. Full Name of Mother* | Elizabeth Lutz |
| *6. Mother's Maiden Name* | Foltz |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Carl Lutz |
| *9. Father's Occupation* | Brassfinisher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Peter Lutz |
| *Address* | 325 S. Eutaw st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17327

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 12 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | March 8. 5. Oblock morning |
| *4. Place of Birth (Street and Number)* | 216 Hanover St Baltimore. Md |
| *5. Full Name of Mother* | Sarah Ann Henry |
| *6. Mother's Maiden Name* | Sarah Ann Stafford |
| *7. Mother's Birthplace* | Dorchester County Md |
| *8. Full Name of Father* | Jonas V R Henry |
| *9. Father's Occupation* | Cook |
| *10. Father's Birthplace* | Dorchester County Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr Dyer Sophia Thompson |
| *Address* | 12 Ledenhall St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17325

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Mch 8. 77
4. *Place of Birth (Street and Number)* 39 Tyson st
5. *Full Name of Mother* Mary C. Fuelman
6. *Mother's Maiden Name* " " Rainbow
7. *Mother's Birthplace* Md
8. *Full Name of Father* Edward Fuelman
9. *Father's Occupation* Driver
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. G Lane Taneyhill

*Address* 129 W Biddle

*Remarks*

17329

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 8th 1877. |
| *4. Place of Birth (Street and Number)* | 360 Park Avenue |
| *5. Full Name of Mother* | Sophia E. Parkhurst |
| *6. Mother's Maiden Name* | S. E. Ray. |
| *7. Mother's Birthplace* | Nantucket Mass. |
| *8. Full Name of Father* | George S. Parkhurst |
| *9. Father's Occupation* | Oil Merchant |
| *10. Father's Birthplace* | Bethel W. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wensel |
| *Address* | 50 Park Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17390

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
17
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* School

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8. March
4. *Place of Birth (Street and Number)* 2. Barnes Str
5. *Full Name of Mother* Maria Kaspar
6. *Mother's Maiden Name* " Wyskocil
7. *Mother's Birthplace* Nadykor Bohemia
8. *Full Name of Father* John Kaspar
9. *Father's Occupation* Schoenmacher
10. *Father's Birthplace* Hyska Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 20 Barnes St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17331

HEALTH DEPARTMENT MAR 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8 March |
| *4. Place of Birth (Street and Number)* | 60 Mc Henry |
| *5. Full Name of Mother* | Ann Laughlin |
| *6. Mother's Maiden Name* | Gilcreuse |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Laughlin |
| *9. Father's Occupation* | Garbage Cart |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula I Chrisman |
| *Address* | No 19 Forest Place |
| *Remarks* | |

17332

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex (~~state whether Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth 8th March
4. Place of Birth (Street and Number) #12 N Carey St
5. Full Name of Mother Ida H. Tyler
6. Mother's Maiden Name Ida Hamer
7. Mother's Birthplace Balto
8. Full Name of Father Jas E. Tyler
9. Father's Occupation Merchant
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo H. Epp Jr

Address #1 Waverley Terrace

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17333

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 8th 1877
4. Place of Birth (Street and Number) No 23. Parks Ave
5. Full Name of Mother L. Virginia Morgan
6. Mother's Maiden Name " " Hoffman
7. Mother's Birthplace Fairmount W Va
8. Full Name of Father Stephen A. Morgan
9. Father's Occupation Merchant
10. Father's Birthplace Marion Co. W Va

Name of Medical Attendant, or other Person who makes this Return. Jno. D. Blake, M.D.

Address No 140 Scott St

Remarks

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17334

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 8th.

*4. Place of Birth (Street and Number)* S. Fremont st. Corner of King st.

*5. Full Name of Mother* Julie B. Thamson

*6. Mother's Maiden Name* Julie Bradford

*7. Mother's Birthplace* Irland

*8. Full Name of Father* Robert Thamson

*9. Father's Occupation* Laborer.

*10. Father's Birthplace* Irland

*Name of Medical Attendant,* or other Person who makes this Return. A. J. Ruddenbohn Mrs.

*Address* Mt. Columbia Ohio

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17335

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* March 8th 21st [illegible]

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 8th

*4. Place of Birth (Street and Number)* Baltimore Raborg st 268

*5. Full Name of Mother* Anne Heidhoff

*6. Mother's Maiden Name* Annie Hoster

*7. Mother's Birthplace* Hannover Germania

*8. Full Name of Father* Bernard Heidhoff

*9. Father's Occupation* Greeny Dealer

*10. Father's Birthplace* Hannover Germania

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Fullenkamp

*Address*

*Remarks* Child living and mother and [illegible] well

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17336

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) Third

*1. Sex* (*state whether* ~~Male or~~ *Female*) Female

*2. Race or Color* (*if not of the white race*) White

*3. Date of Birth* March 8th 1877

*4. Place of Birth* (*Street and Number*) No. 101 N. Washington St.

*5. Full Name of Mother* Francis Sabina Hofmann.

*6. Mother's Maiden Name* Weeger

*7. Mother's Birthplace* Bavaria Germany

*8. Full Name of Father* August Hofmann

*9. Father's Occupation* Butcher

*10. Father's Birthplace* Russia Germany

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Bauer M.D.

*Address* S.E. Jefferson & Central Avenue.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17337

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
14
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 8 d. 1877 |
| *4. Place of Birth (Street and Number)* | 410 N. Gay Street |
| *5. Full Name of Mother* | Luis Ruhl |
| *6. Mother's Maiden Name* | Luise Schepperle |
| *7. Mother's Birthplace* | Germane |
| *8. Full Name of Father* | John Ruhl |
| *9. Father's Occupation* | John maker |
| *10. Father's Birthplace* | Germane |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Rudiger |
| *Address* | 134 N. Bond Street Baltimore Md. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17335

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th
4. *Place of Birth (Street and Number)* Mc Henrey St 182
5. *Full Name of Mother* Mary Flinn
6. *Mother's Maiden Name* Mary Oneill
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Simon Flin
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Jane L Mercer

*Address* 136 Mchenry St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17389

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 March
4. *Place of Birth (Street and Number)* 2 Barnes St
5. *Full Name of Mother* Anna Schüsleder
6. *Mother's Maiden Name* " " —
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Sam. Schüsleder
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Austria

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* No 20 Barnes St

*Remarks*

That any physician, accoucheur, midwife, or other person [illegible] charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17340

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) fiist

1. *Sex* (~~state whether Male~~ or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Auust Eighth 8th 1877
4. *Place of Birth* (Street and Number) north 2 Dalis st 215
5. *Full Name of Mother* Annie Laura Beever
6. *Mother's Maiden Name* " Wiltz
7. *Mother's Birthplace* State of New York Witten Co.
8. *Full Name of Father* John Richard Beever
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Geo. W. Watson

*Address* 18 Aisquith St.

*Remarks*

# RETURN OF A BIRTH.

17311

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
17
1877
BALTIMORE

*Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

*(state whether Male or Female)* Female

*e or Color* (if not of the white race) Colored

*e of Birth* March 9 8 7

*ace of Birth* (Street and Number) Elbow Lane No 4

*" Name of Mother* Mary Haise

*ther's Maiden Name* Mary Small Wood

*her's Birthplace* Baltimore City

*Name of Father* William Haise

*her's Occupation* Brick Maker

*ather's Birthplace* Norfork Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Margat Griggs

*Address* no 2 Peach alley MD

*Remarks*

# RETURN OF A BIRTH.

17,342

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | third Child |
| 1. Sex (state whether Male or Female) | female |
| 2. Race or Color (if not of the white race) | Colard |
| 3. Date of Birth | March the 8 |
| 4. Place of Birth (Street and Number) | Winter St 21 |
| 5. Full Name of Mother | Lizer Weler |
| 6. Mother's Maiden Name | Lize Frelen |
| 7. Mother's Birthplace | Coulbert Co |
| 8. Full Name of Father | Willum Weler |
| 9. Father's Occupation | Oster Shucker |
| 10. Father's Birthplace | Verginer |
| Name of Medical Attendant, or other Person who makes this Return. | Milley Grose |
| Address | 181 York St |
| Remarks | |

That any phy... advise at the birth of any child, within ... shall report to the registrar aforesaid, within six days thereafter, stating distinctly the ... of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17343

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d. Child. |
| *1. Sex (state whether Male or Female)* | Fab. Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 9th. |
| *4. Place of Birth (Street and Number)* | Portland Pr. No. 65. |
| *5. Full Name of Mother* | Eleonore Nordbruch. |
| *6. Mother's Maiden Name* | " " Fuchs. |
| *7. Mother's Birthplace* | Frankenberg Germany |
| *8. Full Name of Father* | Herm. Heinr. Georg Nordbruch |
| *9. Father's Occupation* | Box Maker |
| *10. Father's Birthplace* | Oldenburg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Miss Lumber 66 Schorter |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health,
## BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 9th 1877 |
| *4. Place of Birth (Street and Number)* | 36 Lancaster alley |
| *5. Full Name of Mother* | Catherine Schroeder |
| *6. Mother's Maiden Name* | Catherine McConnell |
| *7. Mother's Birthplace* | England |
| *8. Full Name of Father* | William Schroeder |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Dunbar |
| *Address* | Schroeder Tract 660 |
| *Remarks* | Both doing well |

17346

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 9th

*4. Place of Birth (Street and Number)* 134 Scott st

*5. Full Name of Mother* Anna Neubert

*6. Mother's Maiden Name* Gunbert

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Neubert

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kreh

*Address* 328 S. Eutaw st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17346

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
10
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 9th 1877

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother* Katharina Rolfes

*6. Mother's Maiden Name* Katharina Dasee

*7. Mother's Birthplace* Prussia

*8. Full Name of Father* Herman Rolfes

*9. Father's Occupation* Cigarmaker

*10. Father's Birthplace* Ottenburg

*Name of Medical Attendant,* or other Person who makes this Return. H. Loedeer

*Address* 25 S. Durham St.

*Remarks*

17347

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9th March 1877
4. *Place of Birth (Street and Number)* 5 Market Space
5. *Full Name of Mother* Theresa Adler
6. *Mother's Maiden Name* Kelle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Adler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Caffer [illegible]

*Address* 22 E Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17348

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth March 9th '77
4. Place of Birth (Street and Number) 70 President
5. Full Name of Mother Maria Molaspina
6. Mother's Maiden Name " Tace
7. Mother's Birthplace Italy
8. Full Name of Father Louis Molaspina
9. Father's Occupation Shoemaker
10. Father's Birthplace Italy

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Morris M.D.
3 Franklin St.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17349

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
15
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 11

1. *Sex* (state whether Male or Female) Male & Female
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* March 8 1877
4. *Place of Birth* (Street and Number) Mott St 20
5. *Full Name of Mother* Elizabeth Jenkins
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Anapolis
8. *Full Name of Father* John Jenkins
9. *Father's Occupation* Woodsawer
10. *Father's Birthplace* Dorchester County Md

*Name of Medical Attendant*, or other Person who makes this Return. Julia Johnson

*Address* 235 Cross St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17350

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 9th of March |
| *4. Place of Birth (Street and Number)* | 56 S. Fulton St. |
| *5. Full Name of Mother* | Mary Rosendale |
| *6. Mother's Maiden Name* | Mary Rosemer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Christopher Rosendale |
| *9. Father's Occupation* | Furniture Manufacturer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anne Lindner |
| *Address* | No 45 Monroe St |
| *Remarks* | |

*Rec'd Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17351

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 14 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 of March
4. *Place of Birth (Street and Number)* No 125 West Madison St
5. *Full Name of Mother* Katie Maria Weberbacher
6. *Mother's Maiden Name* Katie Maria Weber
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Heinrich Edward August Weberbacher
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Liversbausen Hanover

*Name of Medical Attendant, or other Person who makes this Return.* Barbara Reisz

*Address* No 26 N. Fredrick St

*Remarks*

**Vital Records of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17352

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* march 9. 1877
4. *Place of Birth (Street and Number)* 223 gough st
5. *Full Name of Mother* Susana Shultz
6. *Mother's Maiden Name* Susana Simonds
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* William J Shultz
9. *Father's Occupation* machinest
10. *Father's Birthplace* germanny

*Name of Medical Attendant,* or other Person who makes this Return. mary conner

*Address* 183 chaptank st

*Remarks*

17353

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 9 March |
| *4. Place of Birth (Street and Number)* | 146 Hillen St |
| *5. Full Name of Mother* | Bertha Donahue |
| *6. Mother's Maiden Name* | Frank |
| *7. Mother's Birthplace* | Washington |
| *8. Full Name of Father* | Daniel Donahue |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Chizmer |
| *Address* | No 18 Gilbert Place |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17354

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White race

*3. Date of Birth* March 9

*4. Place of Birth (Street and Number)* Balto Baltimore st 522

*5. Full Name of Mother* Lisebeth Walthobe

*6. Mother's Maiden Name* " " Myers

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Walthobe

*9. Father's Occupation* Clerk in Hardware

*10. Father's Birthplace* Hannover Germania

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E H Fullenkamp

*Address* Child and Mother doing and doing well

*Remarks*

**Perfect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17353

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 9— 1877- |
| *4. Place of Birth (Street and Number)* | 120 N. Paca |
| *5. Full Name of Mother* | Emma Louisa Myers |
| *6. Mother's Maiden Name* | Bevans |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | John Edward Myers |
| *9. Father's Occupation* | Oyster packer |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M.D |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

***Fee Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17356

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

March 14 1877

HEALTH MAR 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | Boy |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 9 March 1877 |
| *4. Place of Birth (Street and Number)* | 49 Thames St Back Part |
| *5. Full Name of Mother* | Mary Broughton |
| *6. Mother's Maiden Name* | Mary Russell |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Broughton |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Louisa Smith |
| *Address* | |
| *Remarks* | The child is Healthy name of the child William Henry Broughton |

# RETURN OF A BIRTH.

17859
17357

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
14
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | March 9th |
| 4. *Place of Birth* (Street and Number) | In the rear of 1540 North Dallas St |
| 5. *Full Name of Mother* | Mary Robinson |
| 6. *Mother's Maiden Name* | Mabe Pennington |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Joseph Johnson |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Louisa Denton |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17358

17358

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPART
MAR
14
1877
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 9th 1877 |
| *4. Place of Birth (Street and Number)* | 121 N. Broadway |
| *5. Full Name of Mother* | Alethia Olivia |
| *6. Mother's Maiden Name* | Edmondstone |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | Wm. Walter Crozier |
| *9. Father's Occupation* | Packer of Fruits & Oysters |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant, or other Person who makes this Return.* | A. E. Stein, M. D. |
| *Address* | 195 N. Eden St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17359

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
14
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 9
4. *Place of Birth (Street and Number)* 21 [illegible]
5. *Full Name of Mother* Eliza A Johnson
6. *Mother's Maiden Name* Eliza Graham
7. *Mother's Birthplace* Baltimore Co. [illegible]
8. *Full Name of Father* John Johnson
9. *Father's Occupation* Laborer
10. *Name of Medical Attendant,* or other Person who makes this Return. [illegible] Johnson
    *Address* [illegible] 32 [illegible]
    *Remarks* [illegible]

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17360

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
13
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. *Sex* (state whether Male or Female) | White Male. |
| 2. *Race or Color* (if not of the white race) | White. |
| 3. *Date of Birth* | March. 9. 1877 |
| 4. *Place of Birth* (Street and Number) | S.E. Corner Ann & Chas Sts. |
| 5. *Full Name of Mother* | Blanche M. Held. |
| 6. *Mother's Maiden Name* | Blanche M. Benson. |
| 7. *Mother's Birthplace* | Maryland |
| 8. *Full Name of Father* | Chas A. Held. |
| 9. *Father's Occupation* | Engraver. |
| 10. *Father's Birthplace* | New York. |
| *Name of Medical Attendant,* or other Person who makes this Return. | L. H. Hench M.D. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17361

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) White
3. Date of Birth 9. March
4. Place of Birth (Street and Number) Bethel Str
5. Full Name of Mother Lud. Tesar
6. Mother's Maiden Name " Kadgel
7. Mother's Birthplace Nadejkou
8. Full Name of Father W. Tesar
9. Father's Occupation Whitlraid
10. Father's Birthplace Krizan

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address Nr. 20. Barnes Str

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17362

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* Mary Lucy
6. *Mother's Maiden Name* Mary Walter
7. *Mother's Birthplace* West Virginia
8. *Full Name of Father* Tommas Lucy
9. *Father's Occupation* Finner
10. *Father's Birthplace* Washington

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Serbach

*Address* # 439 W Pratt St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17363

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | third child |
| *1. Sex* (state whether Male or Female) | female |
| *2. Race or Color* (if not of the white race | Collord |
| *3. Date of Birth* | born on the 10 of March in the year 1877 |
| *4. Place of Birth* (Street and Number) | Clarret ally #81 |
| *5. Full Name of Mother* | Hazret Elizabeth Palmer |
| *6. Mother's Maiden Name* | Harriet Elizabeth Allen |
| *7. Mother's Birthplace* | Baltimore city |
| *8. Full Name of Father* | Jeremiah Palmer |
| *9. Father's Occupation* | oyster sucker |
| *10. Father's Birthplace* | Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | Milly Gross |
| *Address* | 181 York street |
| *Remarks* | 1 |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 10th 1877 |
| *4. Place of Birth (Street and Number)* | 124 Paca Street |
| *5. Full Name of Mother* | Sophie Hausmann |
| *6. Mother's Maiden Name* | " " Rothschild |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Heinrich Kaufman |
| *9. Father's Occupation* | Backer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Barbara Reisz |
| *Address* | No 26 N Friedrich Street |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17363

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. *Sex* (state whether Male or Female) | female |
| 2. *Race or Color* (if not of the white race) | Color |
| 3. *Date of Birth* | march. 10. 1877 |
| 4. *Place of Birth* (Street and Number) | montgomery. St. 308 |
| 5. *Full Name of Mother* | anna Bevens |
| 6. *Mother's Maiden Name* | anna Savoy |
| 7. *Mother's Birthplace* | accamac county .V.a |
| 8. *Full Name of Father* | alford Bevens |
| 9. *Father's Occupation* | Brick yard |
| 10. *Father's Birthplace* | Eastern Shore .V.a |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mrs mary Bevens |
| *Address* | 209 Hamburg St |
| *Remarks* | as well as can be expected |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17366

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Black

*3. Date of Birth* March 17. 77

*4. Place of Birth (Street and Number)* 36 Pierce St.

*5. Full Name of Mother* Emily Amelia Butler

*6. Mother's Maiden Name* Mathews

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Saml. Thos. Butler

*9. Father's Occupation* Waiter

*10. Father's Birthplace* ~~Stmt~~ New Market Fredk. Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Lewis M Eastman

*Address* 349 Lexington

*Remarks* Forceps delivery

17367

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 Children |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 10 of March |
| *4. Place of Birth (Street and Number)* | Balbrey Ave. No. 245. |
| *5. Full Name of Mother* | Babbera Nun |
| *6. Mother's Maiden Name* | Babbera Kinner |
| *7. Mother's Birthplace* | Wacharod in Germany |
| *8. Full Name of Father* | Paul Nun |
| *9. Father's Occupation* | Capenter |
| *10. Father's Birthplace* | Bab Znisnnbrun in Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St. No. 128 |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17368

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 10th 1877. No. 240 Central Ave.
4. *Place of Birth (Street and Number)* No. 240 Central Ave.
5. *Full Name of Mother* Theresa Meiller.
6. *Mother's Maiden Name* Theresa Swanhauser.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Meiller.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hellweit.

*Address* No. 182. E. Monument St.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17369

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* (3rd) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 10th 1877.
4. *Place of Birth (Street and Number)* 329 Hoffman St Baltimore Md
5. *Full Name of Mother* Benamia Dorsey
6. *Mother's Maiden Name* Benamia Taylor
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Robert Wesley Dorsey
9. *Father's Occupation* Barber
10. *Father's Birthplace* Hagerstown Washington County Md

*Name of Medical Attendant, or other Person who makes this Return.* Drs Emmert & Fox

*Address* 190 Paca Ave & 414 W. Lombard St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17370

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* March 1877

*4. Place of Birth (Street and Number)* 22 Stobton aby

*5. Full Name of Mother* ~~Mary Chapman~~ Jane Chapman

*6. Mother's Maiden Name* Jane Trusty

*7. Mother's Birthplace* Kent County MD

*8. Full Name of Father* Arthur Chapman

*9. Father's Occupation* Woolley Sorker

*10. Father's Birthplace* South Hampton MD

*Name of Medical Attendant,* or other Person who makes this Return. C Ann Warren

*Address* 258 W Robert St

*Remarks* None

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17371

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 10th 1877
4. Place of Birth (Street and Number) No 102 Bidle St.
5. Full Name of Mother Barbara Tumser
6. Mother's Maiden Name Jager.
7. Mother's Birthplace Germany
8. Full Name of Father George Tumser
9. Father's Occupation Store keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer midwife

Address 213 Cross St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17372

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 10 1877
4. *Place of Birth (Street and Number)* 140 Tyson Street
5. *Full Name of Mother* Kizzire Brown
6. *Mother's Maiden Name* Kizzire Rogers
7. *Mother's Birthplace* Ridgetown Maryland
8. *Full Name of Father* Pitt Brown
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Baltimore County Maryland

*Name of Medical Attendant, or other Person who makes this Return.* Hester Bordley Doctress

*Address* 85 Orchard Street

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17373

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* 10
4. *Place of Birth (Street and Number)* West St 120
5. *Full Name of Mother* Anna gross
6. *Mother's Maiden Name* grross
7. *Mother's Birthplace* Easton shore M D
8. *Full Name of Father* William gross
9. *Father's Occupation* Sa lor
10. *Father's Birthplace* Easton shore M D

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Johnson

*Address* Warner St ~~[illegible]~~ 191

*Remarks*

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17374

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second child |
| *1. Sex (state whether Male or Female)* | 1st Female 2nd Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 10/77 |
| *4. Place of Birth (Street and Number)* | Light St near No 621 |
| *5. Full Name of Mother* | Louisa E Hannan |
| *6. Mother's Maiden Name* | " " Weaver |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Edwin E. Hannan |
| *9. Father's Occupation* | Brickmaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Katherine Mount |
| *Address* | |
| *Remarks* | 74 Lawrence Street |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17375

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** March 14 1877

HEALTH DEPARTMENT
MAR 15 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Girl |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 10 march 1877 |
| *4. Place of Birth (Street and Number)* | 250 Bond St |
| *5. Full Name of Mother* | Elizebeth Williams |
| *6. Mother's Maiden Name* | Elizebeth Smith |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Fredrick Williams |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Norway |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Louisa Smith |
| *Address* | |
| *Remarks* | the child is healthy name of the child Maggie Williams |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17376

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 14 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* Colorde

*3. Date of Birth* Mar 10

*4. Place of Birth (Street and Number)* 31 Bogeston st

*5. Full Name of Mother* Celia Jones

*6. Mother's Maiden Name* Celia Eggaters

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry Jones

*9. Father's Occupation* Labor

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lea Johnson

*Address* no 32 Short Short st

*Remarks* Healthy child

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17377

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

Name of child: William F. Schwartz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wite
3. Date of Birth March 10th
4. Place of Birth (Street and Number) No 53 McHenry
5. Full Name of Mother Honora F. Schwartz
6. Mother's Maiden Name Honora F. Chansey
7. Mother's Birthplace S. T. of Vermont
8. Full Name of Father George C. Schwartz
9. Father's Occupation Shoemaker
10. Father's Birthplace S. T. of Germney

Name of Medical Attendant, or other Person who makes this Return. Catherine Serbach

Address #439 W Pratt St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17378

HEALTH DEPARTMENT
MAR 15 1877
BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 of March 1877
4. *Place of Birth (Street and Number)* 350 Orleans st
5. *Full Name of Mother* Babri Lips
6. *Mother's Maiden Name* Babri Hahn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Hahn
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mercantia Kunkel

*Address* 11 North Chappel st p John Kunkel

*Remarks* Healthy

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17379

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 11 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore St Johnson st |
| *5. Full Name of Mother* | Margaret Williams |
| *6. Mother's Maiden Name* | [illegible] Summers |
| *7. Mother's Birthplace* | Princess Anne Somerset Co Md |
| *8. Full Name of Father* | William Williams |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Eastern Shore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Neal |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

No. 17380

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c) | fourth |
| 1. Sex (state whether Male or Female) | Femeal |
| 2. Race or Color (if not of the white race) | Colorb |
| 3. Date of Birth | March 11 |
| 4. Place of Birth (Street and Number) | 170 York St |
| 5. Full Name of Mother | Lisebeth Sampson |
| 6. Mother's Maiden Name | Lisebeth Nickse |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Teney Sampson |
| 9. Father's Occupation | Salour |
| 10. Father's Birthplace | Ferginer |
| Name of Medical Attendant, or other Person who makes this Return. | Killey Grove |
| Address | 181 York St |
| Remarks | |

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17381

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 11th March 1877

*4. Place of Birth (Street and Number)* 130 Mulligan St.

*5. Full Name of Mother* Louisa Kraus

*6. Mother's Maiden Name* Fourte

*7. Mother's Birthplace* Balto

*8. Full Name of Father* William Kraus

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carper per D

*Address* 22 E Lombard St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17382

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 11th 1877

*4. Place of Birth (Street and Number)* N195 Argyle Ave

*5. Full Name of Mother* Emily C. Dulany

*6. Mother's Maiden Name* Emily C. Higginbottom

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John M. Dulany

*9. Father's Occupation* Bookseller

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] M.D.

*Address* N144 Park Ave

*Remarks*

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17383

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | March 11th 1877 |
| *4. Place of Birth (Street and Number)* | Arizuthe 84 # 134 |
| *5. Full Name of Mother* | Maria Kohlbein |
| *6. Mother's Maiden Name* | Baker |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Lewis Kohlbein |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Rose Kelly |
| *Address* | 48 Holland St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

173814

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. MAR 21 1877 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 11 day of March |
| *4. Place of Birth (Street and Number)* | No 54 Shaptank street |
| *5. Full Name of Mother* | Elisebeth Hartlove |
| *6. Mother's Maiden Name* | Elisebeth Engliss |
| *7. Mother's Birthplace* | 46 Baltimore Md |
| *8. Full Name of Father* | George Hartlove |
| *9. Father's Occupation* | Brickmaker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park Avenue |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

***Incorrect Record of Vital Statistics in the City of Baltimore.***

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17385

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 1 of March |
| *4. Place of Birth (Street and Number)* | Fort St No. 75 |
| *5. Full Name of Mother* | Jane Huntley |
| *6. Mother's Maiden Name* | Jane Maniker |
| *7. Mother's Birthplace* | Cannedy Island |
| *8. Full Name of Father* | Peter Huntley |
| *9. Father's Occupation* | Labor. |
| *10. Father's Birthplace* | Cannedy Callaway. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St. No. 128 |
| *Remarks* | |

17386

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March
4. Place of Birth (Street and Number) 123 Canal St
5. Full Name of Mother Bebet Miller
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace Germany
8. Full Name of Father [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17387

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1st child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth March the 10th 1877
4. Place of Birth (Street and Number) Canton Avenue
5. Full Name of Mother Rebecca Harries Benson
6. Mother's Maiden Name Rebecca Harries
7. Mother's Birthplace Germany
8. Full Name of Father Henry Benson
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary L Simms

Address No 203 Washington Street

Remarks

**Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 17388

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 3d Child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 11th 1877 |
| *4. Place of Birth (Street and Number)* | No 2 Warren Street |
| *5. Full Name of Mother* | Christian Billitzki Marie |
| *6. Mother's Maiden Name* | Christian Billitzki |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Michael Marie |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary E Simms |
| *Address* | No 203 Washington Street |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Read the Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

# RETURN OF A BIRTH.

17389

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 11th
4. Place of Birth (Street and Number) No 44 Dover Street
5. Full Name of Mother Mary Bantom
6. Mother's Maiden Name " " Downs
7. Mother's Birthplace Easton Shore Talbot Co Md.
8. Full Name of Father Henry Bantom
9. Father's Occupation Farmer
10. Father's Birthplace Easton Shore Talbot Co Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Primrose

Address No 77 Dover Street

Remarks Mother & Child doing very well

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17390

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR 27 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | First child |
| *1. Sex* (*state whether Male or Female*) | Female |
| *2. Race or Color* (*if not of the white race*) | colored |
| *3. Date of Birth* | 11th inst |
| *4. Place of Birth* (*Street and Number*) | no 14 plummer alley |
| *5. Full Name of Mother* | liley rich |
| *6. Mother's Maiden Name* | liley rich |
| *7. Mother's Birthplace* | dorchester county md |
| *8. Full Name of Father* | thomas jenifer |
| *9. Father's Occupation* | laborer |
| *10. Father's Birthplace* | dorchester county |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | no 4 potts co avenue |
| *Remarks* | healthy child |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17391

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 11th

*4. Place of Birth (Street and Number)* 56 Hill St

*5. Full Name of Mother* Annie S. Fischer

*6. Mother's Maiden Name* Annie S. Warner

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Wm L. Fischer

*9. Father's Occupation* Wheelwright

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Streeng

*Address* Mrs M. Streeng

*Remarks* No 32 Lawrence Street

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17392

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 27 1877 |
| *4. Place of Birth (Street and Number)* | 22 Stockton St |
| *5. Full Name of Mother* | Mary A Robertson |
| *6. Mother's Maiden Name* | Cain |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | William A Robertson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Magruder (Midwife) |
| *Address* | 220 Paulson St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17393

HEALTH DEPARTMENT BALTIMORE MAR 17 1877

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* March 11th 1877

*4. Place of Birth (Street and Number)* 22 Stoblow alp

*5. Full Name of Mother* Jane Chapman

*6. Mother's Maiden Name* Jane Tristy

*7. Mother's Birthplace* Kent County Maryland

*8. Full Name of Father* Luther Chapman

*9. Father's Occupation* Wood Sawer

*10. Father's Birthplace* South Hampton M.D.

*Name of Medical Attendant,* or other Person who makes this Return. Chollot A. Warren

*Address* 258 W Raley St To be carried to Sharp

*Remarks* Home x x x x x x x x x x x x x x Street Burning

Died from Sparm on March 17th 1877 Ground

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17394

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)*

*1. Sex (state whether Male or ~~Female~~)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 11th 1877

*4. Place of Birth (Street and Number)* 9 Scott St

*5. Full Name of Mother* Francis Lippy

*6. Mother's Maiden Name* " Hand

*7. Mother's Birthplace* Howard Co Md

*8. Full Name of Father* Richard Lippy

*9. Father's Occupation* Mechanic

*10. Father's Birthplace* Balto Md.

*Name of Medical Attendant,* or other Person who makes this Return. H. L. Spicer Md

*Address* 379 W. Lombard St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17395

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 Day of March
4. *Place of Birth (Street and Number)* 36 S. Schroeder St below Lombard
5. *Full Name of Mother* Mary Elizabeth ~~[illegible]~~ Gibson
6. *Mother's Maiden Name* " " Lehner
7. *Mother's Birthplace* 28 Perry St
8. *Full Name of Father* Albert C Gibson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Tishia Street

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Seebach

*Address* # 439 W. Pratt St

*Remarks*

17396

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 11th |
| *4. Place of Birth (Street and Number)* | 64. Pratt St |
| *5. Full Name of Mother* | Mary Rhein |
| *6. Mother's Maiden Name* | Mary Martin |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Matthew Rhein |
| *9. Father's Occupation* | Labourer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Catherine Seefuch |
| *Address* | # 439 W Pratt St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17397

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 12. 1877

*4. Place of Birth (Street and Number)* Baltimore. 86 Johnson street

*5. Full Name of Mother* X Jennie Regat

*6. Mother's Maiden Name* [illegible] Floyd

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* George Floyd

*9. Father's Occupation* Sabor

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Nash

*Address*

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17398

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Lad [illegible]
2. Race or Color (if not of the white race) [illegible]
3. Date of Birth [illegible] Mon + 7
4. Place of Birth (Street and Number) [illegible] Fayette [illegible]
5. Full Name of Mother Kate Hamburger
6. Mother's Maiden Name Kate Henson
7. Mother's Birthplace Baltimore
8. Full Name of Father Chr John Henson
9. Father's Occupation Sea Fairman
10. Father's Birthplace Denman

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North Chappel street for John Kunkel

Remarks Healthy

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17399

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first one

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* No 14 ~~Union~~ St 12 March Year 1877
4. *Place of Birth (Street and Number)* ~~Baltimore~~ No 14 union st
5. *Full Name of Mother* Miss Threase yeller
6. *Mother's Maiden Name* Threase Eigeldinger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles yeller
9. *Father's Occupation* Laboring Work
10. *Father's Birthplace* New York

*Name of Medical Attendant,* or other Person who makes this Return. Miss Threase Eigeldinger

*Address*

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17400

# RETURN OF A BIRTH.

CERTIFICATE CORRECTED 5-18-53

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE.

**BALTIMORE CITY.**

Name: Sarah Senker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12 March year 1877
4. Place of Birth (Street and Number) No 57 Biddle ally
5. Full Name of Mother Miss Mary (~~Zenker~~) Senker
6. Mother's Maiden Name Mary Lock
7. Mother's Birthplace Germany
8. Full Name of Father Jacob (~~Zenker~~) Senker
9. Father's Occupation Labor Work
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wife Threase Eigeldinger

Address

Remarks

**rect Record of ... in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17401

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 19 March
4. *Place of Birth (Street and Number)* 37 Lombard St
5. *Full Name of Mother* Mary Court
6. *Mother's Maiden Name* Berkus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Court
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carpenter Sr

*Address* 52 S Lombard

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17402

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 12 March |
| *4. Place of Birth (Street and Number)* | 46 S. Bethel St. |
| *5. Full Name of Mother* | Fanni ~~Fisher~~ Rochs Fisher |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm Roches |
| *9. Father's Occupation* | ~~Laborer~~ |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Gastrand Miller |
| *Address* | 151 E. Pratt St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17403

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) M
2. Race or Color (if not of the white race) W
3. Date of Birth Mar 12 1877
4. Place of Birth (Street and Number) 118 Myrtle Av
5. Full Name of Mother Mr Kries
6. Mother's Maiden Name Shaw
7. Mother's Birthplace Balto
8. Full Name of Father W. J. Kries
9. Father's Occupation Solicitor
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Rella Sherry Md

Address N Harwood St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17404

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 19th 1877
4. *Place of Birth (Street and Number)* 109 Cambrige Street
5. *Full Name of Mother* Annie Wrist Diamon
6. *Mother's Maiden Name* Annie Wrist
7. *Mother's Birthplace* America
8. *Full Name of Father* James Diamon
9. *Father's Occupation* Tanner
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary C Simms

*Address* 213 Washington Street

*Remarks*

17405

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Girl

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* March the 12 1877

*4. Place of Birth (Street and Number)* 41 Burgundy alley

*5. Full Name of Mother* Idei Barnard

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Kent Island Md

*8. Full Name of Father* Lewis Curtis Lewis Curtis

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Accomac County Va

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Thomas

*Address* 41 Burgundy alley

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17406

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE MD.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 12 1877
4. *Place of Birth (Street and Number)* 81 Dasher Street
5. *Full Name of Mother* Ella Green
6. *Mother's Maiden Name* Ella Theares
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* ~~Baltimore City~~ Daniel Green
9. *Father's Occupation* Hoseler
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Hesta Bordley Doctress

*Address* 85 Orchard Street

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17407

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 12th 1877 |
| *4. Place of Birth (Street and Number)* | 158 Dallas Street |
| *5. Full Name of Mother* | Margaretta Pogner |
| *6. Mother's Maiden Name* | " " |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Frederika Kaufman |
| *Address* | 178 corner Eastern av & Dallas St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17408

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | No 12 Paterson Park Avnue |
| *4. Place of Birth (Street and Number)* | Blanch Hartlove |
| *5. Full Name of Mother* | Blanch Hartlove |
| *6. Mother's Maiden Name* | Blanch Hartlove |
| *7. Mother's Birthplace* | [redacted] County |
| *8. Full Name of Father* | John Hartlove |
| *9. Father's Occupation* | Formor of an Oyster house |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park Avnue |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17409

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
17
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 3rd.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 12 - 1877 8 45 - P. M
4. *Place of Birth* (Street and Number) 209 Eastern Avenue
5. *Full Name of Mother* Sarah Catharine Post
6. *Mother's Maiden Name* Sarah Catharine Evans
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Corbett Post
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Jas E. Donnelly M.D

*Address* 209 E. Baltimore St.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17410

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 12th 1877. |
| 4. Place of Birth (Street and Number) | N.W. Cor Exeter & Fawn St |
| 5. Full Name of Mother | Virginia Dashields |
| 6. Mother's Maiden Name | " Orem |
| 7. Mother's Birthplace | Maryland |
| 8. Full Name of Father | Thomas Dashields |
| 9. Father's Occupation | Grocer |
| 10. Father's Birthplace | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | D Webster Cathell Md |
| Address | Wr C Exeter St |
| Remarks | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17411

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) born 13 Jan

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth 13th Jan
4. Place of Birth (Street and Number) 10 Chesnut
5. Full Name of Mother Magie Tates.
6. Mother's Maiden Name Magie Right
7. Mother's Birthplace Vgt
8. Full Name of Father Simuel Tates
9. Father's Occupation Oysters Shucking
10. Father's Birthplace M D

Name of Medical Attendant, or other Person who makes this Return. Sharlot Willson

Address No 32 Forrest St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17412

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) No 8th

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 12th

4. *Place of Birth* (Street and Number) No 13 fire Street

5. *Full Name of Mother* Louere Wahl

6. *Mother's Maiden Name* Louese vogel

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Henry vogel

9. *Father's Occupation* Laborer

10. *Father's Birthplace* germany

*Name of Medical Attendant,* or other Person who makes this Return. Catern. Doll

*Address*

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17413

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 2 Children

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* March 13 1877
4. *Place of Birth* (*Street and Number*) 125 N. Bethel St
5. *Full Name of Mother* Sarah Banton
6. *Mother's Maiden Name* Sarah Read
7. *Mother's Birthplace* Eastern Shore Virginia
8. *Full Name of Father* Josiah Banton
9. *Father's Occupation* Laboper
10. *Father's Birthplace* Eastern ~~Shore~~ Shore MD

*Name of Medical Attendant*, or other Person who makes this Return. Mary E Barber

*Address* No 51 Jefferson St Baltimore

*Remarks* None

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17414

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 13th/77. |
| 4. Place of Birth (Street and Number) | Durham st 253 No. |
| 5. Full Name of Mother | Elizabeth Meyer |
| 6. Mother's Maiden Name | " Mulker |
| 7. Mother's Birthplace | Bato |
| 8. Full Name of Father | Frank Meyer |
| 9. Father's Occupation | Can maker |
| 10. Father's Birthplace | Germ |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schutte |
| Address | Midwife |
| Remarks | 320 Allice Anna st |

**Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17415

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
19
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 1877
4. *Place of Birth (Street and Number)* 169 S. Schroeder St.
5. *Full Name of Mother* Mary [illegible] Knuebel
6. *Mother's Maiden Name* Mary [illegible] May
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Leonhardt [illegible] Knuebel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]
*Address* [illegible]
*Remarks*

***Extract Regulations of the Board of Health of the City of Baltimore.***

***Relative to the Correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17416

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13th 1877
4. *Place of Birth (Street and Number)* 219 S. Durham St
5. *Full Name of Mother* Kathrina Amon
6. *Mother's Maiden Name* Kath. May
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John Amon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. M Leederer

*Address* 25 S. Durham St

*Remarks*

***Extract Regulations of the Board of Health of the Board of Vital Statistics in the City of Baltimore.***

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17417

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 19 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 12 th 1877 |
| *4. Place of Birth (Street and Number)* | 16 Mc Elderry St |
| *5. Full Name of Mother* | Jennie Johnson |
| *6. Mother's Maiden Name* | Jennie Hopp |
| *7. Mother's Birthplace* | York Pa. |
| *8. Full Name of Father* | Monroe Johnson |
| *9. Father's Occupation* | Brakeman on R.R. |
| *10. Father's Birthplace* | Balto. Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas N. Hunter |
| *Address* | 111 Greenmount Ave |
| *Remarks* | |

***Extract Regulations of the Board of Health of the City of Baltimore.***

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH. 17418

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
22
87
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Attend

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* on the 13 of mareh
4. *Place of Birth* (Street and Number) 52 Dameron alle
5. *Full Name of Mother* Learey Jane Brown
6. *Mother's Maiden Name* Jane Thomas
7. *Mother's Birthplace* Dorchester County MD
8. *Full Name of Father* Edward Brown
9. *Father's Occupation* Dredger
10. *Father's Birthplace* Richmond Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Emmels

*Address* 113 Durham St

*Remarks* no Remark

***Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17419

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 Son |
| *1. Sex (state whether Male or Female)* Harry A. A.D.J. 6/25/20 | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 13th 1877 |
| *4. Place of Birth (Street and Number)* | 461 Lexington St |
| *5. Full Name of Mother* | Sarah Jane Tirrell |
| *6. Mother's Maiden Name* | nee Hutchinson |
| *7. Mother's Birthplace* | Massachusetts |
| *8. Full Name of Father* | Thomas Tirrell |
| *9. Father's Occupation* | Shoe-Maker |
| *10. Father's Birthplace* | Massachusetts |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | Hanover & Barre Sts |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17420

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Color
3. Date of Birth March, the, 13.18.77.
4. Place of Birth (Street and Number) no. 38 Moreley. Baltimore. Md.
5. Full Name of Mother Frascar mills
6. Mother's Maiden Name Frascar. mills.
7. Mother's Birthplace ~~[illegible]~~ no 48. Moreley. Baltimore. Md
8. Full Name of Father Line, i
9. Father's Occupation dra Mary } Illegitimate
10. Father's Birthplace un n

Name of Medical Attendant, or other Person who makes this Return. ~~[illegible]~~ M. Wm Mary. E Chem

Address no. 8. Bolton St. Baltimore Md

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17421

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth March 13th 1877
4. Place of Birth (Street and Number) 3. N. Madeira Alley
5. Full Name of Mother Mary Elisabeth Hoffart
6. Mother's Maiden Name " " Seitz
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Frederick Hoffart
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmit

Address 27. N. Broadway

Remarks

**Extract Regulations of the Board of Health to secure [illegible] rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17422

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
13
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 13th 1877
4. *Place of Birth (Street and Number)* 57 Hanford ave
5. *Full Name of Mother* Annie Bowers
6. *Mother's Maiden Name* " Dubert
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John A Bowers
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. L. G. Chaloe M.D.

*Address* 227 Central ave

*Remarks*

***Extract Regulations of the Board of Health of the City of Baltimore.***

***Relating to the Correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17423

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 13th 77

*4. Place of Birth (Street and Number)* Bond st No. 284.

*5. Full Name of Mother* Eliza. Jacobs

*6. Mother's Maiden Name* " Muller

*7. Mother's Birthplace* Baltr

*8. Full Name of Father* John Jacobs

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germ

*Name of Medical Attendant,* or other Person who makes this Return. Johanna Schutte

*Address* Midwife

*Remarks* 320 Alice Anna st.

***Extract Regulations of the Board of Health of the Mother Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17424

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 13
4. Place of Birth (Street and Number) Cubia Street 11
5. Full Name of Mother Ellen Branen
6. Mother's Maiden Name Ellen Bringar
7. Mother's Birthplace Ireland
8. Full Name of Father John Bringar
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margret Ellel

Address Cubia Street 13

Remarks

**Extract Regulations of the Board of Health in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17425

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR 12 1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) ~~7~~

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 13th

4. *Place of Birth* (Street and Number) 57 Hartford Ave

5. *Full Name of Mother* Annie R Bauer

6. *Mother's Maiden Name* Annie R Dubert

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* John H Bauer

9. *Father's Occupation* Confectioner

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. L J Chabot M D

*Address* 327 N Central ave

*Remarks* Natural

---

***Extract Regulations of the Board of Health of the City of Baltimore.***

***Concerning the Correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17426

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 13th 1877. |
| 4. Place of Birth (Street and Number) | 111 N High St |
| 5. Full Name of Mother | Amanda V Burton |
| 6. Mother's Maiden Name | " " Hammond |
| 7. Mother's Birthplace | Maryland |
| 8. Full Name of Father | Thomas Burton |
| 9. Father's Occupation | Proprietor Burtons Hotel |
| 10. Father's Birthplace | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | D W Cathell Md |
| Address | 1½ S Exeter St |
| Remarks | |

***Extract Regulations of the Board of Health to Secure ... rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

174-27

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 13th 1877 |
| *4. Place of Birth (Street and Number)* | 740 Washington |
| *5. Full Name of Mother* | S. Catherine Bean |
| *6. Mother's Maiden Name* | " " Kelly |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | J. Henry Bean |
| *9. Father's Occupation* | Chesapeake Pilot |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | D Webster Cathell M D |
| *Address* | 1½ S Exeter St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to [illegible] rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17428

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex (state whether Male or Female)* Last a Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 of March 1877
4. *Place of Birth (Street and Number)* 166 South Maderian Alley
5. *Full Name of Mother* Annie Zelner
6. *Mother's Maiden Name* Annie Billts
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Billts
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 11 North Chappel St  for John Kunkel

*Remarks* Healthy

***Extract Regulations of the Board of Health of the Mayor and Commissioners of the Department of Health of the City of Baltimore.***

***Extract Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17429

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 14/77 |
| 4. Place of Birth (Street and Number) | Hoover St No. 35 Lower Point |
| 5. Full Name of Mother | Johanna Fischer |
| 6. Mother's Maiden Name | Bauer |
| 7. Mother's Birthplace | Germ |
| 8. Full Name of Father | Frank Fischer |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace | Germ |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schutte |
| Address | Midwife |
| Remarks | 320 Allice Anna St |

**Extract Regulations of the Board of Vital Statistics in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17430

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 14th/77. |
| *4. Place of Birth (Street and Number)* | Thames st No. 14. |
| *5. Full Name of Mother* | Mary Jagers |
| *6. Mother's Maiden Name* | " Herman |
| *7. Mother's Birthplace* | Baltr |
| *8. Full Name of Father* | Richw Jagers |
| *9. Father's Occupation* | Cigar maker |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st |

***Extract Regulations of the Board of Vital Statistics in the City of Baltimore.***

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17431

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 14th 1877
4. Place of Birth (Street and Number) 370 W Lombards St
5. Full Name of Mother Laura Schuler
6. Mother's Maiden Name Laura Hopkinson
7. Mother's Birthplace Balt City
8. Full Name of Father William Schuler
9. Father's Occupation Barber Copper & Leather
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return.

Address 506 W Fayette St

Remarks

W. Carrell M.D.

**Extract Regulations of the Board of Vital Statistics in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17432

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Male 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 14th 1877

*4. Place of Birth (Street and Number)* Bird st. No Number

*5. Full Name of Mother* Jane Tolbron

*6. Mother's Maiden Name* Jane Rolbers

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* William Tolbron

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catharine Horner

*Address* No 29 Elizabeth

*Remarks*

***Extract Regulations of the Board of Health of the City of Baltimore.***

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17433

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) ~~Female~~ Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 14 1877
4. Place of Birth (Street and Number) East St no 81
5. Full Name of Mother Frances Groves
6. Mother's Maiden Name Frances Daniel
7. Mother's Birthplace Queenann County Md
8. Full Name of Father John W. Groves
9. Father's Occupation Laber
10. Father's Birthplace Queenann County Md

Name of Medical Attendant, or other Person who makes this Return. Sofey Hynes

Address Chestnut St no 135

Remarks Balto Md

**Extract Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17434

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 14th March 1877
4. Place of Birth (Street and Number) Pensilvania Av 93
5. Full Name of Mother Caroline Auguste Kalbhenn
6. Mother's Maiden Name Caroline Auguste Doh
7. Mother's Birthplace Baltimore
8. Full Name of Father Wilhelm Kalbhenn
9. Father's Occupation Working in Shoefactory
10. Father's Birthplace Burggrafenroth Germany

Name of Medical Attendant, or other Person who makes this Return. D. R. Heldmann M.D.

Address 121 Pearl St. Baltimore

Remarks

**Extract Regulations of the Board of Health of the City of Baltimore.**

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17435

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 4th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 14th 1877
4. *Place of Birth (Street and Number)* No 189 Durham Street
5. *Full Name of Mother* Mary Luther Bowers
6. *Mother's Maiden Name* Mary Luther
7. *Mother's Birthplace* America
8. *Full Name of Father* Jorge Bowers
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mary L Simms

*Address* No 203 Washington Street

*Remarks*

**Extract from Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics to be kept.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17436

HEALTH DEPARTMENT
MAR 22 1877
BALTIMORE.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March. 14th 77 |
| 4. Place of Birth (Street and Number) | N. E. Cor. Oregon & Saratoga |
| 5. Full Name of Mother | Rosa Fay Gurry |
| 6. Mother's Maiden Name | Rosa Fay — |
| 7. Mother's Birthplace | Maryland |
| 8. Full Name of Father | James Gurry |
| 9. Father's Occupation | Family Grocer |
| 10. Father's Birthplace | Ireland |
| Name of Medical Attendant, or other Person who makes this Return. | A H Saxton M D |
| Address | 543 Lexington St |
| Remarks | (Instrumental) — |

**Extract Regulations in the City of Baltimore.**

**Direct Record of Vital Statistics**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17437

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st, 14. 1877
4. *Place of Birth (Street and Number)* Bank St. No. 58.
5. *Full Name of Mother* Susanna Dolphy
6. *Mother's Maiden Name* Susanna Ferina
7. *Mother's Birthplace* Almac County. Kr. Gr. Brittanien. Europa
8. *Full Name of Father* Patrick Dolphy
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Tibery County Kr. Gr. Brittanien. Europa

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

***Extract Regulations of the Bureau of Vital Statistics in the City of Baltimore.***

**Extract Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17438

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1871 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14th March |
| *4. Place of Birth (Street and Number)* | Fayette near Bond St |
| *5. Full Name of Mother* | Kate Lacey |
| *6. Mother's Maiden Name* | Kelly |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James C Kelly Lacey |
| *9. Father's Occupation* | Founder Keeper |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Sloan |
| *Address* | 328 S Eutaw St |
| *Remarks* | |

***Extract Regulations of the Board of Health of the City of Baltimore.***

***Correct Record of Vital Statistics in the City of Baltimore.***

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

17439

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* March 14th 1877

*4. Place of Birth (Street and Number)* No 307 Hannover st.

*5. Full Name of Mother* Caroline Hans

*6. Mother's Maiden Name* Blummer

*7. Mother's Birthplace* America

*8. Full Name of Father* John Hans

*9. Father's Occupation* Laborer

*10. Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohwasser midwife

*Address* 213 Cross st.

*Remarks*

***Extract Regulations, ... rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of ... rect Record of Vital Statistics in the City of Balti...**

That any physician, accoucheur, midwife, or other person in charge, who shall ... advise at the birth of any child, within the City of Baltimore, shall report to the reg... within six days thereafter, stating distinctly the date of birth, sex, and color of the chi... born, its or their physical condition, whether still born or not, the full name, nativity, a... of the parents, and the maiden name of the mother of such child or children.

# RETU...

To the Office of Registrar of ... ...lth. 17440

**BALTIMORE CI...**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) Colored
3. Date of Birth Wednesday Morning March 14th 1877
4. Place of Birth (Street and Number) # 1 Prices Court,
5. Full Name of Mother Victoria Albert
6. Mother's Maiden Name Victoria Dagen
7. Mother's Birthplace Canada
8. Full Name of Father John Albert
9. Father's Occupation Laborer,
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton, M.D.

Address # 25 1/2 Greenmount Avenue,

Remarks

17441

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3 ed Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | March 14 th 1877 |
| 4. Place of Birth (Street and Number) | No 15 James alley. |
| 5. Full Name of Mother | Sophie Horst |
| 6. Mother's Maiden Name | Bailles. |
| 7. Mother's Birthplace | Germany. |
| 8. Full Name of Father | Carl Horst. |
| 9. Father's Occupation | Box maker |
| 10. Father's Birthplace | Germany. |
| Name of Medical Attendant, or other Person who makes this Return. | J. Schwaeder midwife |
| Address | 213 Cross st |
| Remarks | |

**Exercise Registrar of Vital Statistics in the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17442

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 14th 1877.
4. Place of Birth (Street and Number) ~~Baltimore~~ Washington St. No 52.
5. Full Name of Mother Hannah Fowler.
6. Mother's Maiden Name Short.
7. Mother's Birthplace Baltimore M D.
8. Full Name of Father Samuel Fowler.
9. Father's Occupation Cann Maker.
10. Father's Birthplace Baltimore M D.

Name of Medical Attendant, or other Person who makes this Return. M. A. Davenport.

Address 259 Gough St.

Remarks Doing Well

**Extract Regulations in the City of Baltimore.**

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17443

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

Premature Birth 7 months

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 14th /77 |
| 4. Place of Birth (Street and Number) | Ann st No 228 |
| 5. Full Name of Mother | Anny Ritterbusch |
| 6. Mother's Maiden Name | " [illegible]ahr (Rehr) |
| 7. Mother's Birthplace | Batto |
| 8. Full Name of Father | Conrad - Ritterbusch |
| 9. Father's Occupation | Silverware worker |
| 10. Father's Birthplace | Batto |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schutte |
| Address | No 320 Allice Anna st |
| Remarks | |

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17444

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 16 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (~~state whether~~ Male ~~or Female~~)*

*2. Race or Color (~~if not of the~~ white race)*

*3. Date of Birth* March 14 1877

*4. Place of Birth (Street and Number)* 944 W Baltimore St.

*5. Full Name of Mother* Sue Butler

*6. Mother's Maiden Name* Sue Cook

*7. Mother's Birthplace* Balto City

*8. Full Name of Father* William Butler.

*9. Father's Occupation* Car Driver

*10. Father's Birthplace* Ellicott Mills Md

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Frazer Md.

*Address*

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17445

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 14 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Frankis Lawson 14

1. Sex (state whether Male or Female) female Grady Ho 8
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number) Dallis St 148
5. Full Name of Mother
6. Mother's Maiden Name Frankis Roberson
7. Mother's Birthplace not Cheese
8. Full Name of Father Thomas Lawson
9. Father's Occupation Labor Baltimore County
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Elith Foot

Address

Remarks

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17446

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second. |
| *1. Sex (state whether Male or Female)* | female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 14th 1877. |
| *4. Place of Birth (Street and Number)* | Bellair road opposit. Shutzen park |
| *5. Full Name of Mother* | Annie Everhardt. |
| *6. Mother's Maiden Name* | Annie Hartman |
| *7. Mother's Birthplace* | New York. |
| *8. Full Name of Father* | Frank Everhardt. |
| *9. Father's Occupation* | Driverer |
| *10. Father's Birthplace* | France Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. M. A. Butt |
| *Address* | No 181. N. Central Avenue. 3 doors South monument |
| *Remarks* | All well. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17447

HEALTH DEPARTMENT
MAR 24 1877
BALTIMORE.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 15th 1877 |
| *4. Place of Birth (Street and Number)* | 157 Preston Street |
| *5. Full Name of Mother* | Christiana Bernhardt |
| *6. Mother's Maiden Name* | Dr. Hennig |
| *7. Mother's Birthplace* | Hessen Germany |
| *8. Full Name of Father* | John Bernhardt |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Hessen Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl Street |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17448

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th [fifth]

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 15th 9 P.M.
4. Place of Birth (Street and Number) 226 Hoffman St
5. Full Name of Mother Helen S. Coulter
6. Mother's Maiden Name Helen S. Beatty
7. Mother's Birthplace Baltimore City
8. Full Name of Father Archibald B. Coulter
9. Father's Occupation Stock Broker & Banker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. N. G. Keirle, M.D.

Address No 74 N. Paca St.

Remarks

**Extract Registration Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17449

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
21
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 15th 1877
4. *Place of Birth (Street and Number)* No 68 Ridgely H.
5. *Full Name of Mother* Margarett A. Sheehells
6. *Mother's Maiden Name* Margarett A. Watkins
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Merrick R. Sheehells
9. *Father's Occupation* Pattern Maker
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Jane Winneberger

*Address* 23 N. Leiberty st

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1 1 174 50

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 children |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 15 of March |
| *4. Place of Birth (Street and Number)* | Warner St. No 106 |
| *5. Full Name of Mother* | Mary Ruth |
| *6. Mother's Maiden Name* | Mary Schnellman Roth |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Ruth |
| *9. Father's Occupation* | Laborer Works |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Martin |
| *Address* | West St No 125 |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17451

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth March 15th 1877
4. Place of Birth (Street and Number) 29. S. Wolfe st.
5. Full Name of Mother Emilie Blotkamp
6. Mother's Maiden Name " Berger
7. Mother's Birthplace Germany
8. Full Name of Father William Blotkamp
9. Father's Occupation Harnessmaker
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. P. G. Dausch M.D.

Address 27. N. Broadway

Remarks

**Extract Regulations in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17452

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 15th 1877.
4. *Place of Birth (Street and Number)* Johnstreet No 246.
5. *Full Name of Mother* Louise Elsner.
6. *Mother's Maiden Name* Louise Lehring
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Elsner.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return* Dr Dorothea Brune.

*Address* 114 Battery Av.

*Remarks*

***Extract Regulations of the Board of Health of the City of Baltimore.***

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17453

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 15 March

*4. Place of Birth (Street and Number)* 212 Pratt St.

*5. Full Name of Mother* Mary Shuleman

*6. Mother's Maiden Name* Dill

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Thomas Shuleman

*9. Father's Occupation* Trunk manufacturer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper her P

*Address* 12 E. Lombard

*Remarks*

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17454

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 15th March 1877

*4. Place of Birth (Street and Number)* 75 Eastern Ave

*5. Full Name of Mother* Margaret Gunker

*6. Mother's Maiden Name* Tiemyer

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Geo Gunker

*9. Father's Occupation* Sadler

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casperfer

*Address* 52 E Lombard St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17433

HEALTH DEPARTMENT
MAY
13
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 15th 1877
4. *Place of Birth (Street and Number)* corner Gow str. & Belair Av.
5. *Full Name of Mother* Sophie White
6. *Mother's Maiden Name* Birx
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas. White
9. *Father's Occupation* Engeniuer
10. *Father's Birthplace* New York

*Name of Medical Attendant, or other Person who makes this Return.* Cicelia Bernstein

*Address* 113 E. Lombard Str.

*Remarks* —

***reet Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17456

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 15th 1877. |
| *4. Place of Birth (Street and Number)* | Point Lane. |
| *5. Full Name of Mother* | Mary L. Rice. |
| *6. Mother's Maiden Name* | Mary L. Elliott, |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Robert C. Rice. |
| *9. Father's Occupation* | Hucster. |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dena Hillquist. |
| *Address* | No. 182 E. Monument St. |
| *Remarks* | |

**Correct Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17457

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | in Baltimore spodsyes |
| 1. Sex (state whether Male or Female) | in Baltimore |
| 2. Race or Color (if not of the white race) | it is White race |
| 3. Date of Birth | 15 March 1877 |
| 4. Place of Birth (Street and Number) | Baltimore jones kort No 1 |
| 5. Full Name of Mother | francy sloched |
| 6. Mother's Maiden Name | francy Robosk |
| 7. Mother's Birthplace | spodesyes |
| 8. Full Name of Father | frank Rokosk |
| 9. Father's Occupation | Talor |
| 10. Father's Birthplace | spodesyes |
| Name of Medical Attendant, or other Person who makes this Return. | Mory Kuptish |
| Address | |
| Remarks | Third child |

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17455

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March th. 15 th 1877 |
| *4. Place of Birth (Street and Number)* | No 10 Bevan Street |
| *5. Full Name of Mother* | Amalie Rothe |
| *6. Mother's Maiden Name* | " " " Hasendorf |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Rothe |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathring Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

***rrect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17059

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
21
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March th 15th 1877 |
| *4. Place of Birth (Street and Number)* | 301 Sharp Street |
| *5. Full Name of Mother* | Elise Benner |
| *6. Mother's Maiden Name* | " " Fruk |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Wilhelm Benner |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Müncky |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

***rrect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17460

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15. 1877
4. *Place of Birth (Street and Number)* S. Schoppelstr No 2
5. *Full Name of Mother* Anna Ots
6. *Mother's Maiden Name* Grittner
7. *Mother's Birthplace* Echerlich Oestreich
8. *Full Name of Father* Georg Ots
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Kunzendorf Beiern

*Name of Medical Attendant,* or other Person who makes this Return. Ag Johanna Raupach

*Address* S. Wolfstr No 28

*Remarks* Midwife

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health of the City of Baltimore.*

***rect Record of Vital Statistics.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17147

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 9th child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March the 13th 1877
4. *Place of Birth (Street and Number)* No 213 Fenn Street
5. *Full Name of Mother* Mary Peter German
6. *Mother's Maiden Name* Mary Peter
7. *Mother's Birthplace* America
8. *Full Name of Father* Michael P German
9. *Father's Occupation* currier
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary A Simms

*Address* No 203 Washington Street

*Remarks*

174.62

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 15 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Small st No 721 |
| *5. Full Name of Mother* | laura Reynolds |
| *6. Mother's Maiden Name* | laura Bell |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph Bell |
| *9. Father's Occupation* | tinner |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs S Freeburger Jr |
| *Address* | No 274 Ramsey st |
| *Remarks* | Mrs reynolds |

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17,1163

HEALTH DEPARTMENT
MAR 20 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 15th |
| *4. Place of Birth (Street and Number)* | 39 China st |
| *5. Full Name of Mother* | Gertrude Greiner |
| *6. Mother's Maiden Name* | Sharfer |
| *7. Mother's Birthplace* | Prussia |
| *8. Full Name of Father* | " Lambert Greiner |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Knox |
| *Address* | 320 S. Eutaw st |
| *Remarks* | |

*rect Record of Vital Statistics in the City of*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17464

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 15th

*4. Place of Birth (Street and Number)* 17 Bevan St

*5. Full Name of Mother* Mary Ricketts

*6. Mother's Maiden Name* (Baltimore)

*7. Mother's Birthplace* (Reblein)

*8. Full Name of Father* Daniel Ricketts

*9. Father's Occupation* Driver

*10. Father's Birthplace* Preussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St.

*Remarks*

**Extract Regulations of the Board of Vital Statistics in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17465

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 15th |
| *4. Place of Birth (Street and Number)* | 44 Hill St |
| *5. Full Name of Mother* | Christine Faber |
| *6. Mother's Maiden Name* | Sonnecka |
| *7. Mother's Birthplace* | Prussia |
| *8. Full Name of Father* | Joseph Faber |
| *9. Father's Occupation* | Polisurer |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Brown |
| *Address* | 828 S Eutaw St. |
| *Remarks* | |

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17466

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth March 16 1877
4. Place of Birth (Street and Number) 44 Rose St
5. Full Name of Mother isabel deash
6. Mother's Maiden Name isabel frady
7. Mother's Birthplace baltimore city
8. Full Name of Father John deash
9. Father's Occupation laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Rachel a garrett

Address 433 alicean na St

Remarks

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17467

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) of the Colord Race
3. *Date of Birth* march the 16 1877
4. *Place of Birth* (Street and Number) Eggleggber St 132 Baltimore
5. *Full Name of Mother* Susen Hacket
6. *Mother's Maiden Name* [redacted]
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Andrew Hacket
9. *Father's Occupation* Coakon Steem Boat
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Eggleston St 150 Baltimore

*Remarks*

**Correct Record of Vital Statistics**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17468

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th ~~1877~~. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | March 15th 1877. |
| *4. Place of Birth (Street and Number)* | 136 Fremont St. |
| *5. Full Name of Mother* | Sarah Riston. |
| *6. Mother's Maiden Name* | Sarah Corns. |
| *7. Mother's Birthplace* | Balto Co. |
| *8. Full Name of Father* | William Riston. |
| *9. Father's Occupation* | Machinist. |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr Thos. L. Pennington M.D. |
| *Address* | 98 N Green St. |
| *Remarks* | |

**Correct Record of Vital Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17469

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

That any physician, accouchear, mid wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) mother three children

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) colard
3. *Date of Birth* 15th of feb ruy
4. *Place of Birth* (Street and Number) no 5th dallas st
5. *Full Name of Mother* sadia a taler
6. *Mother's Maiden Name* sadia a sorrell
7. *Mother's Birthplace* [illegible] grass
8. *Full Name of Father* samel d taylor
9. *Father's Occupation* laBr
10. *Father's Birthplace* saint mary county md

*Name of Medical Attendant*, or other Person who makes this Return. laris . Walker

*Address* no 94 dallas st

*Remarks*

17470

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* mother of two children

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* a colord

*3. Date of Birth* 15 of feb Bory

*4. Place of Birth (Street and Number)* no 49 dunkins alley

*5. Full Name of Mother* mary Harrison

*6. Mother's Maiden Name* ann maria smith

*7. Mother's Birthplace* ~~smith~~ Baltimore md d

*8. Full Name of Father* smith

*9. Father's Occupation* labor

*10. Father's Birthplace* Baltimore md d

*Name of Medical Attendant,* or other Person who makes this Return. lear Walker

*Address* no 94 south dallas st

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17471

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | March 15th 1877. |
| *4. Place of Birth (Street and Number)* | Penn st 3d door above Pennsylvania Ave |
| *5. Full Name of Mother* | Mathias F. Donaldson. |
| *6. Mother's Maiden Name* | Mathias F. Howard |
| *7. Mother's Birthplace* | South Carolina. |
| *8. Full Name of Father* | Walter Donaldson. |
| *9. Father's Occupation* | ——— |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas L. Pennington M.D. |
| *Address* | 98 N. Green st. |
| *Remarks* | |

**rect Record of Vital Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17172

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th Child. |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 15th |
| *4. Place of Birth (Street and Number)* | 307 Canal St. |
| *5. Full Name of Mother* | Louisa Buchholz |
| *6. Mother's Maiden Name* | Louisa Muhn |
| *7. Mother's Birthplace* | Stephansdorf Prussia |
| *8. Full Name of Father* | Robert Buchholz |
| *9. Father's Occupation* | Tayler |
| *10. Father's Birthplace* | Glatherndorf Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Waldburga Muller |
| *Address* | 165 Stirling St. |
| *Remarks* | |

**rect Record of Vital Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17473

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 8 th Child |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | March 15 th 1877 |
| 4. Place of Birth (Street and Number) | No 201 Burgounde alley |
| 5. Full Name of Mother | Cristine Eisel |
| 6. Mother's Maiden Name | Lohmeier |
| 7. Mother's Birthplace | Germany |
| 8. Full Name of Father | George Eisel |
| 9. Father's Occupation | Brewer |
| 10. Father's Birthplace | Germany |
| Name of Medical Attendant, or other Person who makes this Return. | J Lohmeier midwife |
| Address | 213 Cross St. |
| Remarks | |

**rect Record of Vital Statistics**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17474

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 16th 1877

*4. Place of Birth (Street and Number)* N 323 Druid Hill Ave.

*5. Full Name of Mother* Rexanna Eichman

*6. Mother's Maiden Name* Rexanna Maiden

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* J. Charles Eichman

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Wolgast Prussia

*Name of Medical Attendant,* or other Person who makes this Return. H Nolard M D

*Address* N 114 Park Ave

*Remarks*

# RETURN OF A BIRTH.

17476

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 th child |
| *Sex (state whether Male or Female)* | female |
| *Race or Color (if not of the white race)* | white |
| *Date of Birth* | on the 16 th of march |
| *Place of Birth (Street and Number)* | Madison st 25-4 |
| *Full Name of Mother* | Mary Stevenson |
| *Mother's Maiden Name* | Mary Guy |
| *Mother's Birthplace* | Ireland |
| *Full Name of Father* | John Stevenson |
| *Father's Occupation* | Police officer |
| *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Guy |
| *Address* | |
| *Remarks* | |

17476

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* in Baltimore Bigne

*1. Sex (state whether Male or Female)* in Baltimore.

*2. Race or Color (if not of the white race)* it is Nite race

*3. Date of Birth* 16 March 1877

*4. Place of Birth (Street and Number)* Baltimore Wishonton st 61 to

*5. Full Name of Mother* Bobary Makaba

*6. Mother's Maiden Name* Bobary novok

*7. Mother's Birthplace* Bigne

*8. Full Name of Father* John Novok

*9. Father's Occupation* talor

*10. Father's Birthplace* in Bigne

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kuplish

*Address*

*Remarks* sekend child

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1747

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, ~~2d, 3d, &c.~~) | Mirst |
| *1. Sex* (state whether Male or ~~Female~~) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | March 16th 1877 |
| *4. Place of Birth* (Street and Number) | # 334 East Lombard St |
| *5. Full Name of Mother* | Bridget Stegen |
| *6. Mother's Maiden Name* | Getty |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Michael Stegen |
| *9 Father's Occupation* | Labored |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | F. E. Hooks MD |
| *Address* | 179 E Baltimore St |
| *Remarks* | |

*rect Record of This Statistics.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17478

HEALTH DEPARTMENT
MAR 26 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (~~state whether Male or~~ Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 16th March

*4. Place of Birth (Street and Number)* 207 Jefferson St

*5. Full Name of Mother* Sarah A. Uhlhorn

*6. Mother's Maiden Name* " " Devine

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Frederick J. Uhlhorn

*9. Father's Occupation* Machinist

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. J. Gross

*Address* 137 Orleans St

*Remarks*

***rect Record of Vital Statistics in the City of***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17479

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 2nd Child

1. *Sex* (*state whether Male ~~or Female~~*)

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* March 16, 1877

4. *Place of Birth* (*Street and Number*) 1. Carroll St. No 113.

5. *Full Name of Mother* Mary Metz

6. *Mother's Maiden Name* Mary Ulrich

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Henry Metz

9. *Father's Occupation* P. Mailer P. C. R. R.

10. *Father's Birthplace* Hillsburg Lanphin County Pa.

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address* 1. Dallas St. No 26.

*Remarks*

**rect Record of Vital Statistics in the City**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17480

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 16th |
| *4. Place of Birth (Street and Number)* | 1 Sharp St 314 |
| *5. Full Name of Mother* | Maria Boucher |
| *6. Mother's Maiden Name* | Reblein |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Bernhardt Boucher |
| *9. Father's Occupation* | Taylor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Shon |
| *Address* | 328 S Eutaw St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17481

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 16th
4. *Place of Birth (Street and Number)* Corner China & Freemont
5. *Full Name of Mother* Lizzie Bregensin
6. *Mother's Maiden Name* Kleinschmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Bregensin
9. *Father's Occupation* Polsterer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kron

*Address* 320 S Eutaw St.

*Remarks*

**Rect Record of Vital Statistics**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17182

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d, |
| *1. Sex (state whether Male or Female)* | Female, |
| *2. Race or Color (if not of the white race)* | White, |
| *3. Date of Birth* | March 16, 1877. |
| *4. Place of Birth (Street and Number)* | 102 Myrtle Ave, |
| *5. Full Name of Mother* | Ellen Beard, |
| *6. Mother's Maiden Name* | Ellen Ames, |
| *7. Mother's Birthplace* | Yarmouth Maine |
| *8. Full Name of Father* | Frank Beard. |
| *9. Father's Occupation* | Clerk, |
| *10. Father's Birthplace* | New Hampshire, |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr H. P. Morgan |
| *Address* | 175 Saratoga St. |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children**

***rect Record of Vital Statistics***

17483

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex (state whether Male or Female) | Female, |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 16th 1877. |
| 4. Place of Birth (Street and Number) | S. W. Cor, Fremont & George sts. |
| 5. Full Name of Mother | Rosa Breyer |
| 6. Mother's Maiden Name | Rosae Häyele, |
| 7. Mother's Birthplace | Württenburg Germany. |
| 8. Full Name of Father | Gottlob Breyer |
| 9. Father's Occupation | Württenburg Germany |
| 10. Father's Birthplace | Grocer |
| Name of Medical Attendant, or other Person who makes this Return. | John J. Pennington, M.D. |
| Address | 98 N Green st. |
| Remarks | |

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17484

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
17
1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 16 1877 10 A. M.
4. *Place of Birth* (Street and Number) 162 S. Broadway
5. *Full Name of Mother* Matilda Wallace
6. *Mother's Maiden Name* Matilda Hecht
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Meyer Wallace
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. James E. Donville M D

*Address* 299 E. Baltimore St

*Remarks*

**rect Record of Vital Statistics in the City of**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17485

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* [illegible] of March

*4. Place of Birth (Street and Number)* Krallstrt No 29

*5. Full Name of Mother* Doris Benjes

*6. Mother's Maiden Name* Doris Kratzer

*7. Mother's Birthplace* Bremen ~~Garman~~ Garman

*8. Full Name of Father* Henry Benjes

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Bruchhausen Garman

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Dumler 60 Shorter St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17486

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Mch 17.77
4. Place of Birth (Street and Number) 532 W. Lexington
5. Full Name of Mother Mary Frances Rhodenick
6. Mother's Maiden Name Ramsay
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Augustus A Rhodenick
9. Father's Occupation Shoemaker
10. Father's Birthplace Sharpsburg Washington Co Md

Name of Medical Attendant, or other Person who makes this Return. Lewis M Eastman

Address

Remarks Bright

# RETURN OF A BIRTH.

17487

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd

1. *Sex (state whether Male or Female)* Female Child

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* born on the 19th of March 1877

4. *Place of Birth (Street and Number)* No 864 West Pratt St.

5. *Full Name of Mother* Dora Kolbe

6. *Mother's Maiden Name* D. Bonn

7. *Mother's Birthplace* born in Brownsn Germany

8. *Full Name of Father* Henry Kolbe

9. *Father's Occupation* Shoe Maker

10. *Father's Birthplace* born in Hessen Ger.

*Name of Medical Attendant,* or other Person who makes this Return. Lizzie Hilar

*Address* No 57 Smallwood St.

*Remarks*

**Vital Records of Maryland**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17488

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth March 17th 1877.
4. Place of Birth (Street and Number) Crosstreet No 176.
5. Full Name of Mother Josephine Vogt.
6. Mother's Maiden Name Josephine Tabeling.
7. Mother's Birthplace Germany.
8. Full Name of Father John Vogt.
9. Father's Occupation Store Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address Battery Av

Remarks

Fact Record of Fact [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17489

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* F

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* Mar 14. 1877

*4. Place of Birth (Street and Number)* N Colvert St

*5. Full Name of Mother* Fanny Groverman

*6. Mother's Maiden Name* Fanny Selden

*7. Mother's Birthplace* Virginia

*8. Full Name of Father* R H Groverman

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. R M Sherry

*Address* N Howard St

*Remarks*

*rect Record of Vital Statistics*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17490

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* mar 17
4. *Place of Birth (Street and Number)* 183 Orleans st
5. *Full Name of Mother* Rebecca Brown
6. *Mother's Maiden Name* Rebecca Hughes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Brown
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. mrs lear johnson

*Address* no 32 short st

*Remarks* healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17491

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 d. 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* März 17 d. 1877
4. *Place of Birth (Street and Number)* 444 E. Fayettstreet
5. *Full Name of Mother* Ellen Thomson
6. *Mother's Maiden Name* Eschmend
7. *Mother's Birthplace* Amerika
8. *Full Name of Father* Georg Thomson
9. *Father's Occupation* Tolmar
10. *Father's Birthplace* Amerika

*Name of Medical Attendant,* or other Person who makes this Return. Marie L. Rudiger

*Address* 134 E. Bondstreet

*Remarks*

17492

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
21
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 17th 1877 |
| *4. Place of Birth (Street and Number)* | 410 Harford ave |
| *5. Full Name of Mother* | Kathrine Leffler |
| *6. Mother's Maiden Name* | Ka. Hardman |
| *7. Mother's Birthplace* | Germane |
| *8. Full Name of Father* | Johan Leffler |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Germane |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Rudigier |
| *Address* | 134 N. Bond Stnd |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17493

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 17 1877 |
| *4. Place of Birth (Street and Number)* | 248 Hanover Street |
| *5. Full Name of Mother* | Anna Bruberger |
| *6. Mother's Maiden Name* | " Gräger |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Heinrich Bruberger |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

**Correct Record of Births.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17492

HEALTH DEPARTMENT MAR 20 1917 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 17th |
| *4. Place of Birth (Street and Number)* | 107 Henrietta St |
| *5. Full Name of Mother* | Dora Putz |
| *6. Mother's Maiden Name* | Brackmuth |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Putz |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Stroh |
| *Address* | 328 S Eutaw St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17495

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17th
4. *Place of Birth (Street and Number)* 19 Clements St Locust Point
5. *Full Name of Mother* Catharine Amelia Walstrum
6. *Mother's Maiden Name* " " Shreck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel S Walstrum
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Etter

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17496

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 17th 1877 |
| *4. Place of Birth (Street and Number)* | 189 Mulliken st |
| *5. Full Name of Mother* | Anna Growley |
| *6. Mother's Maiden Name* | " Doyle |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Bernard Growley |
| *9. Father's Occupation* | Dyer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Bushmann |
| *Address* | 120 Bank st. |
| *Remarks* | |

**Fee Recorded.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17497

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 17th, 1877
4. *Place of Birth* (Street and Number) charles st No 329
5. *Full Name of Mother* Lilly Griffith
6. *Mother's Maiden Name* Lilly Clapsaddle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hilory Grifith
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary E Anderson

*Address* No 92 Hamburg st

*Remarks* both doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Feet Record of*

17498

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* March 17th 77

*4. Place of Birth (Street and Number)* 17 North High

*5. Full Name of Mother* Maggie Barnes

*6. Mother's Maiden Name* " Grubb

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Edwin F. Barnes

*9 Father's Occupation* Actor

*10. Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Geo B Reynolds M.D.

*Address* 43 North Calvert

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17499

# RETURN OF A BIRTH.

1

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 18th 1877
4. Place of Birth (Street and Number) No 2 McHenry St
5. Full Name of Mother Matilda Adalide ~~Neumayer~~ Murphy
6. Mother's Maiden Name Matilda Adaline Neumayer
7. Mother's Birthplace Balt County Md
8. Full Name of Father Eugene Henry Murphy
9. Father's Occupation Carver
10. Father's Birthplace Washington County Md

Name of Medical Attendant, or other Person who makes this Return.

Address 506 W Fayette St

Remarks

Wm Coutts M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17300

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1917 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 7

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 18. 1877
4. *Place of Birth* (Street and Number) 39. E lombard st
5. *Full Name of Mother* Annie Jayhart
6. *Mother's Maiden Name* A. Mc Clusky
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Benjum Jayhart
9. *Father's Occupation* labor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Eliza Fleming

*Address* 97. Albemarle

*Remarks* Healthy

**rect Records of Vital Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17501

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
22
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. *Sex* (state whether ~~Male~~ or Female) | " " |
| 2. *Race or Color* (if not of the white race) | Colᵈ |
| 3. *Date of Birth* | Mch 18ᵗʰ 1877 |
| 4. *Place of Birth* (Street and Number) | 1. Wye Alley |
| 5. *Full Name of Mother* | Jane Turbird |
| 6. *Mother's Maiden Name* | " " " |
| 7. *Mother's Birthplace* | Md |
| 8. *Full Name of Father* | Unknown |
| 9. *Father's Occupation* | 50 |
| 10. *Father's Birthplace* | 50 |
| *Name of Medical Attendant*, or other Person who makes this Return. | Sarah Tarker |
| *Address* | 224 Hughes St |
| *Remarks* | |

Died Mch 21ˢᵗ 1877. Asthenia

*rect Record of Vital Statistics*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17502

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 18 1877 |
| *4. Place of Birth (Street and Number)* | 26 Warren St |
| *5. Full Name of Mother* | Lenora. Belsworth |
| *6. Mother's Maiden Name* | Lenora - Stanley |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | William Belsworth |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. B. Noble M.D. |
| *Address* | 17 Warren av |
| *Remarks* | |

HEALTH DEPARTMENT BALTIMORE

# RETURN OF A BIRTH.

17503

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 18 th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Parkinet No. 124 |
| *5. Full Name of Mother* | Catherine Cumming |
| *6. Mother's Maiden Name* | " Leis |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Jacob Cumming |
| *9. Father's Occupation* | Hosier |
| *10. Father's Birthplace* | Pencilvania |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No 122 Parkins St |
| *Remarks* | |

17504

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
19
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Germany
8. *Full Name of Father* [illegible]
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

# RETURN OF A BIRTH.

17505

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 18 March 1877 |
| *4. Place of Birth (Street and Number)* | 167 E Pratt St. |
| *5. Full Name of Mother* | Caroline Tillmann |
| *6. Mother's Maiden Name* | Schuhmann |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm Tillmann |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gertrude Miller |
| *Address* | 151 E Pratt St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17506

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 22 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 12. Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* Geboren den 18ten März
4. *Place of Birth (Street and Number)* No 188 South Eyring Str:
5. *Full Name of Mother* Therese Ginsor
6. *Mother's Maiden Name* Therese Klotz
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Ernst Ginsor
9. *Father's Occupation* Lederer
10. *Name of Father's Birthplace* Deutschland

*Name of Medical Attendant, or other Person who makes this Return.* Friedrich Kirchmann

*Address* No. 178 Corner of Dallas und Eastern Ave

*Remarks* Hemme

# RETURN OF A BIRTH.

17607

*To the Office of Registrar of Vital Statistics. Board of Health.*

**BALTIMORE CITY.**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colard |
| *3. Date of Birth* | March th 18 |
| *4. Place of Birth (Street and Number)* | 103 Lee st |
| *5. Full Name of Mother* | Mary Bayer |
| *6. Mother's Maiden Name* | Mary Davis |
| *7. Mother's Birthplace* | Eastern Shore |
| *8. Full Name of Father* | Jacob Davis |
| *9. Father's Occupation* | Cabnet Maker |
| *10. Father's Birthplace* | Estern Shore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Millie Sprous |
| *Address* | 181 York st |
| *Remarks* | Doctor Cook assist |

Millie Sprous

17508

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* collard
3. *Date of Birth* Mar 18
4. *Place of Birth (Street and Number)* 4 Short Alley
5. *Full Name of Mother* Hannah Johnson
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear Johnson

*Address* no 32 Short st

*Remarks* healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17809

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH MAR 21 1877 BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 18th 1877 |
| *4. Place of Birth (Street and Number)* | 78 Gough st. |
| *5. Full Name of Mother* | Marcella McCready |
| *6. Mother's Maiden Name* | Marcella Green |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Saml. McCready |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sihmt Conner |
| *Address* | 286 E. Balt. st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17510

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR 21 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Mar. 18th 1877 |
| *4. Place of Birth (Street and Number)* | 126 N. Eutaw |
| *5. Full Name of Mother* | Lillie McSherry |
| *6. Mother's Maiden Name* | Starr |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James E. McSherry |
| *9. Father's Occupation* | Gentleman |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. G. Thomas |
| *Address* | |
| *Remarks* | |

*rect Record of Vital Statistics.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17511

# RETURN OF A BIRTH.

1111

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 18th 1877 |
| *4. Place of Birth (Street and Number)* | 246 Charles Street |
| *5. Full Name of Mother* | Wilhelmina Seligmann |
| *6. Mother's Maiden Name* | " " " Reiner |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | August Seligmann |
| *9. Father's Occupation* | Boxmaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

**Fee Record.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17512

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6th. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | 18 of March. 1877 |
| *4. Place of Birth (Street and Number)* | 304 Baltimore. St. |
| *5. Full Name of Mother* | Minnie Hax. |
| *6. Mother's Maiden Name* | Minnie Michel |
| *7. Mother's Birthplace* | Baltimore City. |
| *8. Full Name of Father* | Louis Hax. |
| *9. Father's Occupation* | Street ~~Paver~~ Contractor |
| *10. Father's Birthplace* | Baltimore City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Malle |
| *Address* | 12 S. N. Carolina |
| *Remarks* | |

**rect Record of Real Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17513

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Mail |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 18 |
| *4. Place of Birth (Street and Number)* | Baltimore Stricker st No 1500 |
| *5. Full Name of Mother* | Laura Shiper |
| *6. Mother's Maiden Name* | Laura Shafer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Louis P Hiner |
| *9. Father's Occupation* | Drover |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs S Freeburger |
| *Address* | Baltimore ramsey st No 2[illegible] |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17514

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 18th 1877
4. Place of Birth (Street and Number) 163 W. Lombard St. (Maternité.)
5. Full Name of Mother Annie King
6. Mother's Maiden Name
7. Mother's Birthplace Virginia
8. Full Name of Father Charles ~~Mille~~ Miller
9. Father's Occupation Blacksmith
10. Father's Birthplace Tennessee

Name of Medical Attendant, or other Person who makes this Return. W. Gombel

Address Resident Physician pro tem.

Remarks 163 W. Lombard St.

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17515

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 17 1877
4. *Place of Birth (Street and Number)* Tyson Street
5. *Full Name of Mother* Caroline Willgims
6. *Mother's Maiden Name* Caroline Scott
7. *Mother's Birthplace* Hampton Virginia
8. *Full Name of Father* ~~John~~ John willaims
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Queendanns County Maryland

*Name of Medical Attendant, or other Person who makes this Return.* Chester Bradley Doctor

*Address* 85 Richard street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17316

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 17th 1877 |
| *4. Place of Birth (Street and Number)* | No 63 North St. |
| *5. Full Name of Mother* | Margaret Goff. |
| *6. Mother's Maiden Name* | Margaret Hoffy. |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Thomas Goff. |
| *9. Father's Occupation* | Cyrian. |
| *10. Father's Birthplace* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | |

17517

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 1st

1. *Sex (state whether Male or Female)* Female health
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 19th of March 1877
4. *Place of Birth (Street and Number)* No 9 Bandeloe St.
5. *Full Name of Mother* Lina Sauerwein
6. *Mother's Maiden Name* L. Thomas
7. *Mother's Birthplace* born in Baltimore County M. I.
8. *Full Name of Father* Christian Sauerwine
9. *Father's Occupation* Store keeper
10. *Father's Birthplace* born in the City of Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Hiller

*Address* No 57 Smalwood St. B.W.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17518

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th March 1877
4. *Place of Birth (Street and Number)* 100 North Chapel st
5. *Full Name of Mother* Margaret Dolch
6. *Mother's Maiden Name* Margaret Dolch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Dolch
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 11 North Chapel st per John Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17519

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | March 19th 1877 |
| *4. Place of Birth (Street and Number)* | French St 1255 |
| *5. Full Name of Mother* | Katie Silverwood |
| *6. Mother's Maiden Name* | " Main |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | John Silverwood |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Rose Kelly |
| *Address* | 18 Holland St |
| *Remarks* | 4 |

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
24
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 19th 1877

4. Place of Birth (Street and Number) 44 Edmond Street

5. Full Name of Mother Nanie Gray

6. Mother's Maiden Name

7. Mother's Birthplace Balto City

8. Full Name of Father Thomas Gray

9. Father's Occupation Laborer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 11 Burgundy Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17521

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Births 2

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 19th

*4. Place of Birth (Street and Number)* South Balto 114 Clement St

*5. Full Name of Mother* Serrah Ann Jacob

*6. Mother's Maiden Name* Serrah Ann Wilder

*7. Mother's Birthplace* Portsmouth Va

*8. Full Name of Father* John F Jacob

*9. Father's Occupation* Brick Maker

*10. Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* ~~131~~ Mrs Conway

*Remarks* 131 Battery Avenue

17522

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* March 19th 1877

*4. Place of Birth (Street and Number)* No 5 Stockton Ally

*5. Full Name of Mother* Catherine Mrier Hall

*6. Mother's Maiden Name* Catherine Mrier Butler

*7. Mother's Birthplace* [illegible] Md

*8. Full Name of Father* Solomon H. Hall

*9. Father's Occupation* Steel door

*10. Father's Birthplace* [illegible] Md

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible] W Baltimore St

*Remarks* X [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17523

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March th 19 1877 |
| *4. Place of Birth (Street and Number)* | 293 ~~Charles~~ Cross Street |
| *5. Full Name of Mother* | Anna Afsmann |
| *6. Mother's Maiden Name* | " Filling |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Jacob Afsmann |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Müller |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17524

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 19th of March. |
| *4. Place of Birth (Street and Number)* | No. 76 Oak St. |
| *5. Full Name of Mother* | Margaret Fisher. |
| *6. Mother's Maiden Name* | Colburn. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Fisher. |
| *9. Father's Occupation* | Blacksmith. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Crosby. |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

17525

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 19th 1877.
4. *Place of Birth (Street and Number)* No. 88, Mc Kim St.
5. *Full Name of Mother* Anna Banier.
6. *Mother's Maiden Name* Anna Bridungier.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Robert Banier.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* March 19th 1877

*4. Place of Birth (Street and Number)* Corner Gilmore & Baltimore

*5. Full Name of Mother* Mary Elizabeth Cole

*6. Mother's Maiden Name* " " Stockton

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Charles B Cole

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Allwell

*Address* 281 McDonogh St

*Remarks*

17527

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** March 21 1877.

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 19th 1877.
4. Place of Birth (Street and Number) 64 Chapple St.
5. Full Name of Mother Johanna Steigerwald
6. Mother's Maiden Name Johanna Depry.
7. Mother's Birthplace America.
8. Full Name of Father Conrad Steigerwald.
9. Father's Occupation Canmaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17528

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
27
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second |
| *1. Sex* (state whether Male or ~~Female~~) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | March 19th 1877 |
| *4. Place of Birth* (Street and Number) | 398 E Baltimore St |
| *5. Full Name of Mother* | S. Christie Jackson |
| *6. Mother's Maiden Name* | S. Christie Hunt |
| *7. Mother's Birthplace* | Charlestown Va. |
| *8. Full Name of Father* | Harry M Jackson |
| *9. Father's Occupation* | Livery Stables |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | J E Hooks M.D |
| *Address* | 179 E Baltimore St |
| *Remarks* | |

# RETURN OF A BIRTH.

17529

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* it is A female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Born on the 19 of March 1877
4. *Place of Birth (Street and Number)* No 129 Sharp Street
5. *Full Name of Mother* Elize Beth Smith
6. *Mother's Maiden Name* Elize Beth olter
7. *Mother's Birthplace* Born in Baltimore City
8. *Full Name of Father* petter Smith
9. *Father's Occupation* he is A foman of A oys house
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Margard Spriges

*Address* No 2 peach alley Beten hen Ette St

*Remarks*

an hum Burg St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17530

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* March 19.
4. *Place of Birth (Street and Number)* No. 433 West Pratt Str.
5. *Full Name of Mother* Auguste Florentine Conradine.
6. *Mother's Maiden Name* Auguste Florentine Conradine Nolte.
7. *Mother's Birthplace* Lippe. Detmold. (Germania.)
8. *Full Name of Father* Albert Gerhard Diedrich Schmidt.
9. *Father's Occupation* Laborer B & O. R R Co.
10. *Father's Birthplace* Oldenburg. (Germania.)

*Name of Medical Attendant,* or other Person who makes this Return. Catharine Seebach.

*Address* 439 West Pratt Str.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17531

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White 20th 1877

*3. Date of Birth* March

*4. Place of Birth (Street and Number)* Bellair road 2. door from Shulzen Park

*5. Full Name of Mother* Annie Kleimberg.

*6. Mother's Maiden Name* Annie Kaiser.

*7. Mother's Birthplace* Hamberg Germany.

*8. Full Name of Father* John Kleimberg

*9. Father's Occupation*

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Bald.

*Address* No 181. N. Centre avenue 3 doors South monument

*Remarks* Tarable Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17532

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 20th |
| *4. Place of Birth (Street and Number)* | 63 Fremont St |
| *5. Full Name of Mother* | Eleonora Bruing |
| *6. Mother's Maiden Name* | Pfaff |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Bruing |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Sloop |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

17533

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* C.
3. *Date of Birth* Mch. 20. 1877
4. *Place of Birth (Street and Number)* 425 E. Chase St.
5. *Full Name of Mother* Biah Tilman
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Queen Annes Co. Md.
8. *Full Name of Father* Perry Tilman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Queen Annes Co. Md

*Name of Medical Attendant,* or other Person who makes this Return. L. C. Gordon, M.D.

*Address* 437 E. Chase St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17534

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21st 77
4. *Place of Birth (Street and Number)* 25 S. Durham St.
5. *Full Name of Mother* Mary Schellenberger
6. *Mother's Maiden Name* Mary Warnfelt
7. *Mother's Birthplace* Oschinbruck
8. *Full Name of Father* Rudolph Schellenberger
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Dr Geddes

*Address* 25 S. Durham St.

*Remarks*

17535

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3 child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White race

*3. Date of Birth* 20th March

*4. Place of Birth (Street and Number)* Lederhal St

*5. Full Name of Mother* Mary Ward

*6. Mother's Maiden Name* Mary Hickey

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Thomas Ward

*9. Father's Occupation* Coachman

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Conaway

*Address*

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17536

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 7 b.

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* March 20. 1877

*4. Place of Birth (Street and Number)* S. Roestel str No 28

*5. Full Name of Mother* Anna Seltner

*6. Mother's Maiden Name* Anna Striegel

*7. Mother's Birthplace* Elfeldrich Bescern

*8. Full Name of Father* Friedrich Seller

*9. Father's Occupation* Wortwork

*10. Father's Birthplace* Sauernhof Bescern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17537

HEALTH DEPARTMENT
MAR
27
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 8 th

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* 20 th March
4. *Place of Birth* (*Street and Number*) Frederick No 233
5. *Full Name of Mother* Perine
6. *Mother's Maiden Name* Ehlsleger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christian Perine.
9. *Father's Occupation* cheese peddler.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. A. Gerstenberger

*Address* Dist. 6 9 Portland

*Remarks*

GIVEN NAME ADDED. 9-14-55

17535

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

**BALTIMORE CITY.**

John Henry Keener

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White Race
3. Date of Birth No 37 Bond St. 20 March 1877
4. Place of Birth (Street and Number) No 37 Bond St.
5. Full Name of Mother Annie. C. Keener.
6. Mother's Maiden Name Annie. C. Guyther.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father George. P. Keener.
9. Father's Occupation Brass. Finisher.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter.

Address 125. N. Caroline

Remarks Baltimore City.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17539

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | Mar 20th, 77. |
| *4. Place of Birth (Street and Number)* | 151 South Eden st. |
| *5. Full Name of Mother* | Ellen Quirk |
| *6. Mother's Maiden Name* | Ellen Clarke |
| *7. Mother's Birthplace* | Ireland. |
| *8. Full Name of Father* | Mr Quirk |
| *9. Father's Occupation* | Laborer. |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | John F. Cummings M.D. |
| *Address* | S. W. Calvert & Read sts |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

*rect Records of Births.*

17540

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* mother [illegible]

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 20 of march
4. *Place of Birth (Street and Number)* no 92 north dollar st
5. *Full Name of Mother* mary Ellen [illegible]
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Champ[illegible] [illegible]
8. *Full Name of Father* no [illegible] father
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. lear Walker

*Address* no 94 north dollar st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17541

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 20th

*4. Place of Birth (Street and Number)* No 22 Bird st

*5. Full Name of Mother* Harriet Moon

*6. Mother's Maiden Name* Harriet Hartlove

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Isiac Moon

*9. Father's Occupation* Brickmoulder

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 29 Elizabeth

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17312

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third - |
| *1. Sex (state whether Male or Female)* | Male - |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 20 - 77 - |
| *4. Place of Birth (Street and Number)* | "Washington Hotel" Eutaw & Camden |
| *5. Full Name of Mother* | Louisa Wallas |
| *6. Mother's Maiden Name* | Fulks |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John W. Wallas |
| *9. Father's Occupation* | Hotel keeper |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis M. Knight M.D. |
| *Address* | 112 N. Greene St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17343

HEALTH DEPARTMENT
MAR
20
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 20th, 1877
4. *Place of Birth* (Street and Number) 163 W Lombard St (Maternité)
5. *Full Name of Mother* Eliza Singer
6. *Mother's Maiden Name* Griffin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. Singer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. W. Gombel M.D.

*Address* Resident-Physician 163 W. Lombard St.

*Remarks*

**rect Record of Vital Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

175444

HEALTH DEPARTMENT MAR 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5 "

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* March 20th 1877
4. *Place of Birth* (Street and Number) 28 President
5. *Full Name of Mother* Anna Elizabeth Prendergast
6. *Mother's Maiden Name* " " O'Donnell
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Francis Prendergast
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. P. G. Dausch M. D.

*Address* 97 N. Broadway

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

17543

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
21
1917
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 20 of March |
| *4. Place of Birth (Street and Number)* | West St No 125 |
| *5. Full Name of Mother* | Anna Kehlers |
| *6. Mother's Maiden Name* | Anna Zeroche |
| *7. Mother's Birthplace* | Russia |
| *8. Full Name of Father* | Jacob Kehlers |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Russia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 125 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17546

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 22 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex* (*state whether Male or Female*) M

2. *Race or Color* (*if not of the white race*) W

3. *Date of Birth* March 20 1877

4. *Place of Birth* (*Street and Number*) E Balto St

5. *Full Name of Mother* Mrs Kemp

6. *Mother's Maiden Name* Viney

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Simm S Kemp

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. R McSherry MD

*Address* 189 E Hanover

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*rect Record of Births.*

# RETURN OF A BIRTH.

17547

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 20th 1877
4. *Place of Birth (Street and Number)* 74 Elbow Lane
5. *Full Name of Mother* Ellen Finney
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Leven Finney
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Deborah Howard 11 Burgundy Alley

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*rect Record of*

17548

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 20th 1877 |
| *4. Place of Birth (Street and Number)* | No 134 Cross St |
| *5. Full Name of Mother* | Lizzie Carlisle |
| *6. Mother's Maiden Name* | Lizzie Meradette |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Joseph Carlisle |
| *9. Father's Occupation* | Mechanic |
| *10. Father's Birthplace* | Ma |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Noble Ma |
| *Address* | 17 Warren, Av |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17549

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 21st 1877 |
| *4. Place of Birth (Street and Number)* | corner Mott Ensor Street |
| *5. Full Name of Mother* | Mary Weisman |
| *6. Mother's Maiden Name* | ~~John~~ Mary Beach |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John F Weisman |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Philadelphia Pa |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary J. Beach |
| *Address* | corner Mott & Ensor Sts, |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Year Record of ...*

17550

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) W
3. *Date of Birth* 21 of March 1877
4. *Place of Birth* (Street and Number) 39 Monroe St
5. *Full Name of Mother* Henrietta Lemlin
6. *Mother's Maiden Name* Uttal
7. *Mother's Birthplace* Markzelbet Baiern
8. *Full Name of Father* Georg Lemlin
9. *Father's Occupation* ~~Labbenatorck Baiern~~ Labor
10. *Father's Birthplace* Salvenstorck Baiern

*Name of Medical Attendant,* or other Person who makes this Return. Anne Lindner

*Address* No 45 Monroe St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17551

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 21st 1877 |
| *4. Place of Birth (Street and Number)* | 268 Cross Street |
| *5. Full Name of Mother* | Maria Wagner |
| *6. Mother's Maiden Name* | " " Lehr |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wilhelm Wagner |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

# RETURN OF A BIRTH.

17552

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 21 1877 |
| *4. Place of Birth (Street and Number)* | 189 Ridgley St |
| *5. Full Name of Mother* | Lizzie ~~Roth~~ Filer |
| *6. Mother's Maiden Name* | Lizzie Roth |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William H Filer |
| *9. Father's Occupation* | Captin |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabet Fray |
| *Address* | 93 So Chester St |
| *Remarks* | Helthy Child |

# RETURN OF A BIRTH.

17333

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 8 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21 March 1877 |
| *4. Place of Birth (Street and Number)* | 287 Canton Ave |
| *5. Full Name of Mother* | Mary Myers |
| *6. Mother's Maiden Name* | Mary Deal |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | August Myers |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabeth Gray |
| *Address* | 93 St Paul St |
| *Remarks* | Healthy Child |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17554

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
26
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 21. 1877
4. *Place of Birth (Street and Number)* Hampstead St. No. 58.
5. *Full Name of Mother* Margaretha Eyler
6. *Mother's Maiden Name* Margaretha Euler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Eyler
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Henry E. Keller

*Address* 1. Eutaw St. No. 26.

*Remarks* dead born

17555

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the Seven - 7 - Child

1. Sex (state whether Male or Female) it is a Female Child
2. Race or Color (if not of the white race) Colord
3. Date of Birth March th 21. 1877
4. Place of Birth (Street and Number) Clards Alley No. 19.
5. Full Name of Mother Mary Tasker
6. Mother's Maiden Name Mary Tasker No housken
7. Mother's Birthplace Eston Shore Cambridge Md.
8. Full Name of Father Forther dead
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Charlotte A Johnson

Address South Warner St. No 171

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17556

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 21. März 1877.
4. Place of Birth (Street and Number) Contons Clinton St.
5. Full Name of Mother Marie Florie
6. Mother's Maiden Name Mathes
7. Mother's Birthplace Baltimore
8. Full Name of Father Georg Florie
9. Father's Occupation Farmer.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmon.

Address Elliott St. 61.

Remarks

Rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17557

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | Seventh. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | 21st of March. |
| *4. Place of Birth (Street and Number)* | 183 Sharp St. Baltimore Md. |
| *5. Full Name of Mother* | Mrs. Celone Geoghegan. |
| *6. Mother's Maiden Name* | Miss Celone Chaney. |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | William. Charles. Geoghegan. |
| *9. Father's Occupation* | Steam-boat Captain, |
| *10. Father's Birthplace* | Baltimore, Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Ruth Riggins. |
| *Address* | |
| *Remarks* | |

Ruth Ann Riggins 365 Warwick St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17558

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh (7) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 21st 1899 |
| *4. Place of Birth (Street and Number)* | Baltimore, Md Hudson St No 223 |
| *5. Full Name of Mother* | Emma Lane Clarke |
| *6. Mother's Maiden Name* | Emma Lane Cuphart |
| *7. Mother's Birthplace* | Norfolk Va |
| *8. Full Name of Father* | Wm H Clarke |
| *9. Father's Occupation* | Elevator Foreman |
| *10. Father's Birthplace* | Stockport Columbia County N.Y. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Louisa Wylie (Midwife) |
| *Address* | Guest St Baltimore, Md |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17339

HEALTH DEPT. BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 21 st of March |
| *4. Place of Birth (Street and Number)* | H 2 Morton Alley |
| *5. Full Name of Mother* | Bridget Gill |
| *6. Mother's Maiden Name* | " Carr |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Gill |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte Crosby |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17360

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 6 |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | March 25 1877 |
| 4. *Place of Birth* (Street and Number) | No 824 Light St |
| 5. *Full Name of Mother* | Hannah Clark |
| 6. *Mother's Maiden Name* | Hannah Garrison |
| 7. *Mother's Birthplace* | N. Jersey |
| 8. *Full Name of Father* | Joshua Clark |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace* | New Jersey |
| *Name of Medical Attendant,* or other Person who makes this Return. | R B Stobb M D |
| *Address* | 17 Warren ave |
| *Remarks* | |

17561

# RETURN OF A BIRTH.

1111

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2. dr

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* Color

3. *Date of Birth* thursday march 22. 1877

4. *Place of Birth (Street and Number)* rere ally. 2. Baltimore

5. *Full Name of Mother* Lizer Johnson

6. *Mother's Maiden Name* Lizer Gane

7. *Mother's Birthplace*

8. *Full Name of Father* able Johnson

9. *Father's Occupation* Luger refinery

10. *Father's Birthplace* Baltimore. M.D.

*Name of Medical Attendant,* or other Person who makes this Return. Mary Bevens

*Address* 209 hamburg Street

*Remarks* Well as can Be expected

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Records of Births

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17362

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2d 2d Th 1877
4. *Place of Birth (Street and Number)* Locust Point
5. *Full Name of Mother* Rose Riley
6. *Mother's Maiden Name* Rose McCarr
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John J Ripley
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Margaret Etzel

*Address*

*Remarks* Margret Etzel

# RETURN OF A BIRTH.

17563

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Black |
| *3. Date of Birth* | March 22nd 1877 |
| *4. Place of Birth (Street and Number)* | North Eastern Station House |
| *5. Full Name of Mother* | Hattie Stevenson |
| *6. Mother's Maiden Name* | Hattie Stevenson |
| *7. Mother's Birthplace* | Balto. Md |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas W. Hunter M.D. |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fees Received

17564

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
22
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 te

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* March 22. 1877

4. *Place of Birth (Street and Number)* N. Forrest Str No 78

5. *Full Name of Mother* Morgaretha Kratzer

6. *Mother's Maiden Name* Morgaretha Danner

7. *Mother's Birthplace* Kleinheilsheim Bayern

8. *Full Name of Father* Adam Kratzer

9. *Father's Occupation* Wordsworths

10. *Father's Birthplace* Eckersbach Bayern

*Name of Medical Attendant,* or other Person who makes this Return. Wm Johanna Baumach

*Address* South Wolf Str No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17565

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
27
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th and 6th Twins) |
| *1. Sex (state whether Male or Female)* | Females |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March th. 22nd 1877 |
| *4. Place of Birth (Street and Number)* | 158 S Bond St |
| *5. Full Name of Mother* | Mary Tyler |
| *6. Mother's Maiden Name* | " " Mills |
| *7. Mother's Birthplace* | England |
| *8. Full Name of Father* | John Tyler |
| *9. Father's Occupation* | Fireman |
| *10. Father's Birthplace* | Mary-land |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louise Kraft |
| *Address* | |
| *Remarks* | |

Fees Recovered.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17566

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 22nd 1877
4. *Place of Birth (Street and Number)* 14 W Balt St
5. *Full Name of Mother* Anne Lurbuton
6. *Mother's Maiden Name* Anne Foster
7. *Mother's Birthplace* Queen Anns County Md
8. *Full Name of Father* John Smith Lurburton
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Queen Anne County Md

*Name of Medical Attendant,* or other Person who makes this Return. Wm Correll MD

*Address* 506 W Fayette St

*Remarks*

17567

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 22. 1877
4. *Place of Birth (Street and Number)* E. Lombard St. No 98.
5. *Full Name of Mother* Katharina Sprill
6. *Mother's Maiden Name* Katharina Lauf.
7. *Mother's Birthplace* Marburg. K. Preussen Germany
8. *Full Name of Father* Wilhelm Sprill
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Kassel. K. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Müller

*Address* N. Dallas St. No 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17568

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5te Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 22. 1877
4. *Place of Birth (Street and Number)* S. Carolina St. No 33
5. *Full Name of Mother* Hildegarde Fischer
6. *Mother's Maiden Name* Hildegarde Roehrick
7. *Mother's Birthplace* Rhl. Pr. Prussian Germany
8. *Full Name of Father* Bernhard Fischer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Salmunster. Pr. Prussian Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address* N. Gallus St. No 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17569

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 2d

1. *Sex* (*state whether Male or Female*) female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* March 22

4. *Place of Birth* (*Street and Number*) Be tw Chaptank St No 114

5. *Full Name of Mother* Anna Simpkins

6. *Mother's Maiden Name* Kelley

7. *Mother's Birthplace* Somerset County Md

8. *Full Name of Father* Charles W Simpkins

9. *Father's Occupation* Water-man

10. *Father's Birthplace* Somerset Co Md

*Name of Medical Attendant*, or other Person who makes this Return. M A Dawson

*Address* 257 Gough St Be tw

*Remarks* Ab Living Well

To date March 24 1877

17570

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 22. 1877
4. *Place of Birth (Street and Number)* Registerstr No 18
5. *Full Name of Mother* Anna Menius
6. *Mother's Maiden Name* Anna Glass
7. *Mother's Birthplace* Kretzfeld Baiern
8. *Full Name of Father* Valentin Menius
9. *Father's Occupation* Wortwarker
10. *Father's Birthplace* Geiselwien Baiern

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanny Raupach

*Address* South Wolfstr No 18

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17571

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 ed Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 22nd 1877 |
| *4. Place of Birth (Street and Number)* | No 269 West St. |
| *5. Full Name of Mother* | M Elise Stump |
| *6. Mother's Maiden Name* | Bixler |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Charles Stump |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lobcousser midwife |
| *Address* | 213 Cross St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17572

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 22nd 1877
4. *Place of Birth (Street and Number)* 88 S. Castle st.
5. *Full Name of Mother* Magdalena Gebhart
6. *Mother's Maiden Name* " Schmitt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John G. Gebhart
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. P. G. Dausch M. D.

*Address* 27 N. Broadway

*Remarks*

rect Record of [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17573

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 22nd 1877
4. Place of Birth (Street and Number) No. 153 Stirling St.
5. Full Name of Mother Catharine Philomina
6. Mother's Maiden Name Baldus
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Francis A. Edelmann
9. Father's Occupation Baker
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address S.E. Jefferson & Central Avenue

Remarks

Vice Record of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17571

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 22 th 1877 |
| *4. Place of Birth (Street and Number)* | 327 Pulaski st. |
| *5. Full Name of Mother* | Emma Harsh |
| *6. Mother's Maiden Name* | E Hintermeister |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Henry Harsh |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Bavaria Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charles Werner |
| *Address* | 56 Clark street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17575

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 1 1 1

1. *Sex (state whether Male or Female)* Colord
2. *Race or Color (if not of the white race)* Girl Druceler green
3. *Date of Birth* March 22
4. *Place of Birth (Street and Number)* Winter St No 22
5. *Full Name of Mother* Sofa Green
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Daniel Green
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Susan Butler

*Address* 179 West St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17576

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* March 22d 1877

4. *Place of Birth (Street and Number)* 189 S Gilo do

5. *Full Name of Mother* Bertha Herr

6. *Mother's Maiden Name* Gebhart

7. *Mother's Birthplace* Germany

8. *Full Name of Father* John Herr

9. *Father's Occupation* Porter

10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs E Buchmann

*Address* 120 Bank st

*Remarks*

17577

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3d 1/1 |
| 1. *Sex* (state whether Male or Female) | Male. |
| 2. *Race or Color* (if not of the white race) | White — |
| 3. *Date of Birth* | Mar 23d |
| 4. *Place of Birth* (Street and Number) | 382 N. Stricker St. |
| 5. *Full Name of Mother* | Li Solomon |
| 6. *Mother's Maiden Name* | Li Speaker. |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | A. Solomon |
| 9. *Father's Occupation* | Cab-maker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Dr. Ed. H. Amis |
| *Address* | Cor Stricker & Fayette |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17578

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 27 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 25th 1877 |
| *4. Place of Birth (Street and Number)* | 168 N Caroline |
| *5. Full Name of Mother* | Emma Jane Bennett |
| *6. Mother's Maiden Name* | Emma Jane Waters |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Benj Lucien Bennett |
| *9. Father's Occupation* | Clay Inspector |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary A Mitchell |
| *Address* | 281 McDonough st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17579

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th " |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 23 rd. 1877 |
| *4. Place of Birth (Street and Number)* | 73 Jackson Sq. Alley |
| *5. Full Name of Mother* | Elizabeth B. Cullen |
| *6. Mother's Maiden Name* | Elizabeth B. Fleishell |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Wm Thomas Cullen |
| *9. Father's Occupation* | Ship Carpenter |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. Lawson Hyde M.D. |
| *Address* | 177 So. Broadway |
| *Remarks* | |

# RETURN OF A BIRTH.

17580

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* the 23 of March 1877.
4. *Place of Birth (Street and Number)* No 11 Park st,
5. *Full Name of Mother* Mary Dr. Hess,
6. *Mother's Maiden Name* Mary Anna Heelzeline,
7. *Mother's Birthplace is* Germany
8. *Full Name of Father* Adolph Hess.
9. *Father's Occupation* a Carpnet,
10. *Father's Birthplace* is Germany

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Teresa Eigeldinger

*Address* No 14 Minor st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17381

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | march 23 1877 |
| *4. Place of Birth (Street and Number)* | 70 chester St |
| *5. Full Name of Mother* | edith wilmot |
| *6. Mother's Maiden Name* | edith day |
| *7. Mother's Birthplace* | baltimore city |
| *8. Full Name of Father* | Alfred wilmot |
| *9. Father's Occupation* | baker |
| *10. Father's Birthplace* | baltimore city |
| *Name of Medical Attendant, or other Person who makes this Return.* | Rachel a garrett |
| *Address* | 433 alice ann St |
| *Remarks* | |

17582

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 March
4. *Place of Birth (Street and Number)* 97 Pratt Street
5. *Full Name of Mother* Christine Upphuff
6. *Mother's Maiden Name* Schwear
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Upphuff
9. *Father's Occupation* Hardwright
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17583

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth (5) |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23 March 1877 |
| *4. Place of Birth (Street and Number)* | 196 McElderry St |
| *5. Full Name of Mother* | Jennie Rinehart |
| *6. Mother's Maiden Name* | Jennie Smith |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Chas Rinehart |
| *9. Father's Occupation* | Can Maker |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Amanda Marine |
| *Address* | 323 Monument St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17584

HEALTH DEPARTMENT APR 6 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 23rd March

4. *Place of Birth* (Street and Number) Cor Pierce & Schroder

5. *Full Name of Mother* Lucy Menbourn

6. *Mother's Maiden Name* Lucy Campbell

7. *Mother's Birthplace* Bucks City

8. *Full Name of Father* Joseph Menbourn

9. *Father's Occupation* Photographer

10. *Father's Birthplace* U. S. County MD

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Geo G. Brewer

*Address* 258 W. Fayette St.

*Remarks*

17585

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 23 1877

*4. Place of Birth (Street and Number)* N 289 Lexington St

*5. Full Name of Mother* Mary Ann Pope

*6. Mother's Maiden Name* Mary Ann Linton

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* William H Pope

*9. Father's Occupation* Segar Manufacture

*10. Father's Birthplace* Frederick Maryland

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] M.D.

*Address* N 114 Park Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

17586

# RETURN OF A BIRTH.

To the Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (whether 1st, 2d, 3d, &c.) | 3d Child |
| 1. *Sex* (state whether Male or Female) | Male. |
| 2. *Race or Color* (if not of the white race) | |
| 3. *Date of Birth* | March 23d 1877. |
| 4. *Place of Birth* (Street and Number) | 14 Williamson St. |
| 5. *Full Name of Mother* | Sarah T. Jones. |
| 6. *Mother's Maiden Name* | " " Barnes. |
| 7. *Mother's Birthplace* | Dorchester Co. Md. |
| 8. *Full Name of Father* | John L. Jones |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace* | Dorchester Co. Md. |
| *Name of Medical* (or other Person who makes this Return. | R. J. H. Tall. M.D. |
| *Address* | 158. S. Sharp St. |
| *Remarks* | Child living. |

# RETURN OF A BIRTH.

17587

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 23 1877 |
| *4. Place of Birth (Street and Number)* | No 99 Et Avenue |
| *5. Full Name of Mother* | Agnes Flora |
| *6. Mother's Maiden Name* | Agnes Robert |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | John Flora |
| *9. Father's Occupation* | Marine |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant, or other Person who makes this Return.* | H B Robb MD |
| *Address* | 17 Warren av |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17655

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* China st No 57

1. *Sex (state whether Male or Female)* boy Charles Henry Carter
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* March the ~~22~~ 23
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Ellen Carter
6. *Mother's Maiden Name* Ellen Johnson
7. *Mother's Birthplace*
8. *Full Name of Father* William James Carter
9. *Father's Occupation* Butcher
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Susan Butler

*Address* No 173 west St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17559

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 28th 1877 |
| *4. Place of Birth (Street and Number)* | N. E. 810 E. Fayette St. |
| *5. Full Name of Mother* | Barbara Seibott |
| *6. Mother's Maiden Name* | " Seibott |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Robert Champomars |
| *9. Father's Occupation* | Not Known |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E. Bustenmann |
| *Address* | 120 Bank St. |
| *Remarks* | Illegitimate Birth. |

17590

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth March 23
4. Place of Birth (Street and Number) Hunster st No 15
5. Full Name of Mother Henrieta Beck,
6. Mother's Maiden Name Wagner
7. Mother's Birthplace Germany
8. Full Name of Father Casper
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17591

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23 March |
| *4. Place of Birth (Street and Number)* | 324 Hanover St |
| *5. Full Name of Mother* | Mary Adams |
| *6. Mother's Maiden Name* | Shultz |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Theodore Adams |
| *9. Father's Occupation* | Varnisher |
| *10. Father's Birthplace* | Richmond |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Koch |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17592

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23d March |
| *4. Place of Birth (Street and Number)* | 395 W Pratt |
| *5. Full Name of Mother* | Charlotte Sigenheimer |
| *6. Mother's Maiden Name* | Hentzel |
| *7. Mother's Birthplace* | Würtemberg |
| *8. Full Name of Father* | Christian Sigenheimer |
| *9. Father's Occupation* | Würtemberg |
| *10. Father's Birthplace* | Drayter |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Kroh |
| *Address* | 328 S Eutaw St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17593

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23rd of March 1877
4. *Place of Birth (Street and Number)* 8 South Chappel st
5. *Full Name of Mother* Threse Kaufman
6. *Mother's Maiden Name* Threse Peisler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bejemine Peisler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Cerentice Kunkel

*Address* 71 North Chappel st for John Kunkel Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17594

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 23d 1877 |
| *4. Place of Birth (Street and Number)* | 122 Chesapeake St. Canton |
| *5. Full Name of Mother* | ~~Babcock~~ Martha Shinnick |
| *6. Mother's Maiden Name* | Martha Eveleigh |
| *7. Mother's Birthplace* | Balto. city |
| *8. Full Name of Father* | Jacob Shinnick Jr. |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Balto. city |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M.D |
| *Address* | |
| *Remarks* | |

17595

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th child

*1. Sex (state whether Male or Female)* A Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 25th of March 77

*4. Place of Birth (Street and Number)* 428 Eastern Ave

*5. Full Name of Mother* Magie Kuhn

*6. Mother's Maiden Name* Magie Arch

*7. Mother's Birthplace* Germany

*8. Full Name of Father* George Arch

*9. Father's Occupation* Labor man

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 71 North Chappel st per John Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17596

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3th Child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | with |
| *3. Date of Birth* | March 24th |
| *4. Place of Birth (Street and Number)* | No 40 Theme Str |
| *5. Full Name of Mother* | Feronika Hoffman |
| *6. Mother's Maiden Name* | " Kubler |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | John Hoffman |
| *9. Father's Occupation* | Plummer |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Walthburgu Muller |
| *Address* | No 165 Sterling Str. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17597

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the mother of one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth 24 of march 1877
4. Place of Birth (Street and Number) 92 Stalland st
5. Full Name of Mother mary frances sanders
6. Mother's Maiden Name mary frances Walkens
7. Mother's Birthplace Baltimor md
8. Full Name of Father William Henry saunders
9. Father's Occupation barber
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. lear Walker

Address no 94 south dalear st

Remarks

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17398

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPT. BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 24th 1877 |
| *4. Place of Birth (Street and Number)* | Allia Anna st. No. 424 |
| *5. Full Name of Mother* | Hetwig Steer |
| *6. Mother's Maiden Name* | Wiegand |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Henry Steer |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Anna Schutte |
| *Address* | No. 320 Allia Anna st. |
| *Remarks* | Midwife |

...cian, accoucheur, midwife, or other person in charge, who shall attend, assist or ...th of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ays thereafter, stating distinctly the date of birth, sex, and color of the child or children ...s or their physical condition, whether still born or not, the full name, nativity, and residence ...the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17599

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March. 24th 77 |
| 4. Place of Birth (Street and Number) | Canton and No. 302 |
| 5. Full Name of Mother | Cathern Lorry |
| 6. Mother's Maiden Name | " Küster |
| 7. Mother's Birthplace | Piladelphia Pa. |
| 8. Full Name of Father | Albert. Lorry |
| 9. Father's Occupation | Carpenter |
| 10. Father's Birthplace | Bath |
| Name of Medical Attendant, or other Person who makes this Return. | Johanna Schutte |
| Address | Midwife |
| Remarks | 320 allice Anna st. |

17600

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
26
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Femal
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Mar 24th
4. *Place of Birth* (Street and Number) Division St ab Townsend
5. *Full Name of Mother* Mrs Duer
6. *Mother's Maiden Name* Not Known
7. *Mother's Birthplace* Charleston S.C.
8. *Full Name of Father* Louis C Duer
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. G W Kneass MD 131 N Charles

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17601

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | 24 March 1877 |
| *4. Place of Birth (Street and Number)* | 49 Canal St. |
| *5. Full Name of Mother* | Anna K. Young |
| *6. Mother's Maiden Name* | Hoover |
| *7. Mother's Birthplace* | U. States of America |
| *8. Full Name of Father* | Adam Young |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 32 E. Lombard St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17602

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 24. 1877 |
| *4. Place of Birth (Street and Number)* | 57 Grosist Alley |
| *5. Full Name of Mother* | S Antonia |
| *6. Mother's Maiden Name* | L Dixon |
| *7. Mother's Birthplace* | Baltimore MD |
| *8. Full Name of Father* | Louis Nelson |
| *9. Father's Occupation* | Labour |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Geo Nash |
| *Address* | |
| *Remarks* | |

17603

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)*

*3. Date of Birth* March 24th 1877.

*4. Place of Birth (Street and Number)* Hul street near Fort Av.

*5. Full Name of Mother* Cardina Hartung

*6. Mother's Maiden Name* Cardinee Burkhart.

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Charles August Hartung.

*9. Father's Occupation* Police Office

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dorothea Brune

*Address* 114 Battery Av.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17602

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one mother one Child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* March the 24 1877
4. *Place of Birth* (Street and Number) Regesster No 16 Baltimore st
5. *Full Name of Mother*
6. *Mother's Maiden Name* Martha Lee
7. *Mother's Birthplace* Dorchester Co. md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Regesster St 130 Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17605

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 24th 1877 |
| *4. Place of Birth (Street and Number)* | No 125 West st. |
| *5. Full Name of Mother* | |
| *6. Mother's Maiden Name* | Cathern Mangold |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17606

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)* 0

*1. Sex (state whether ~~Male~~ or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 24th 1877

*4. Place of Birth (Street and Number)* 21 Wilkins ave.

*5. Full Name of Mother* Emma Raughtman

*6. Mother's Maiden Name* " Diffy

*7. Mother's Birthplace* Balto. Md

*8. Full Name of Father* Emil Raughtman

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* H. L. Skierhud

*Remarks* 379 W. Lombardth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17607

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
12
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 24th 9th A.M. 1877
4. *Place of Birth* (Street and Number) 239 S. Wolf Street
5. *Full Name of Mother* Georgeanna Regenfuss
6. *Mother's Maiden Name* Georgeanna Steckbeck
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frederick Paul Bacon Regenfuss
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* Balto. City

*Name of Medical Attendant*, or other Person who makes this Return. Prince E. Granville M.D.

*Address* 299 E. Baltimore St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17608

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 24 March 1877 |
| *4. Place of Birth (Street and Number)* | 116 S. Edmonds St. |
| *5. Full Name of Mother* | Laura Smith |
| *6. Mother's Maiden Name* | Hewit |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Smith |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gertrude Miller |
| *Address* | 151 E Pratt St. |
| *Remarks* | |

17609

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Children Two

*1. Sex (state whether Male or Female)* boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 24th

*4. Place of Birth (Street and Number)* 317 Mosher St.

*5. Full Name of Mother* Minnie Thomas

*6. Mother's Maiden Name* Maiden Name Minnie Leary

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Samuel Thomas

*9. Father's Occupation* Clerk

*10. Father's Birthplace* A. A. Co

*Name of Medical Attendant,* or other Person who makes this Return. Non Margret Richards

*Address* Norres alley no number

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17610

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 24th 1877
4. *Place of Birth (Street and Number)* No. 49 Carrolton Av.
5. *Full Name of Mother* Cathern Boyd
6. *Mother's Maiden Name* Cathern Waxter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel James Boyd
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Jane Mercer

*Address* 136 McHenry st Baltimore W.L.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

47611

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2nd |
| *1. Sex* (state whether Male or Female) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | 24th March 81 |
| *4. Place of Birth* (Street and Number) | 323 Bond St. |
| *5. Full Name of Mother* | Martha Lucelle Weeks |
| *6. Mother's Maiden Name* | Coulter |
| *7. Mother's Birthplace* | Anapolis |
| *8. Full Name of Father* | Samuel F Weeks |
| *9. Father's Occupation* | Plumber |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Whitridge M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17612

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Light Chestnut
3. *Date of Birth* March 24th 1877
4. *Place of Birth (Street and Number)* Hamburg St No
5. *Full Name of Mother* Mrs Mary J Meads
6. *Mother's Maiden Name* Aunt Knorr
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Peter Meads
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Griffin

*Address* No 13 Ohio Avenue

*Remarks* I made a Mistake and returned you a Still Born Certificate on Saturday last mistaken for This one

17613

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE.

*No. of Child of Mother* (~~state whether~~ *1st,* ~~2d, 3d, &c.~~)

*1. Sex* (~~state whether~~ *Male* ~~or Female~~)

*2. Race or Color* (~~if not of the~~ *white race*)

*3. Date of Birth* March 24th 177.

*4. Place of Birth (Street and Number)* 80, N. Caroline St.

*5. Full Name of Mother* Hannah Guggenheimer.

*6. Mother's Maiden Name* Hannah Neuberger

*7. Mother's Birthplace* Bavaria, Germany.

*8. Full Name of Father* Jacob Guggenheimer

*9. Father's Occupation* Wholesale Liquor Dealer.

*10. Father's Birthplace* Bavaria, Germany.

*Name of Medical Attendant,* or other Person who makes this Return. John L. R. Krozer, M.D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17614

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] of advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24 of March. |
| *4. Place of Birth (Street and Number)* | West St N. 112. |
| *5. Full Name of Mother* | Mary Kullanbach |
| *6. Mother's Maiden Name* | Mary Wagner |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | John Kullanbach. |
| *9. Father's Occupation* | is Setting and repairing Glazier Diamond |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wes Martin |
| *Address* | West St N 128 |
| *Remarks* | |

# RETURN OF A BIRTH.

17615

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 24th 1877 |
| *4. Place of Birth (Street and Number)* | 154 Barre St. |
| *5. Full Name of Mother* | Mary R. Woolford |
| *6. Mother's Maiden Name* | Lambdin |
| *7. Mother's Birthplace* | Dorchester Co. Md. |
| *8. Full Name of Father* | Wm H. Woolford |
| *9. Father's Occupation* | Gen'l Com. Merchant |
| *10. Father's Birthplace* | Dorchester Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | N.W. cor Hanover & Barre Sts |
| *Remarks* | |

That any physician or midwife residing in Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17616

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Maryland 5 Children

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* 24 of March

*4. Place of Birth (Street and Number)* Amity Sts. No 16

*5. Full Name of Mother* Elisabetha Miller

*6. Mother's Maiden Name* dodor Wagner

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Hanna J Miller

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return, Mrs. Dunlop

*Address* 60 Shorter St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17617

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
18
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | March 24th 1877. |
| *4. Place of Birth (Street and Number)* | No. 24. E. Biddle St. |
| *5. Full Name of Mother* | Anna Catharine Braun. |
| *6. Mother's Maiden Name* | Anna Catharine Ruth. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | John P. Braun. |
| *9. Father's Occupation* | Contractor & Paver. |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dina Hillegeist. |
| *Address* | No. 182 E. Monument. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17618

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 24th 1877 |
| *4. Place of Birth (Street and Number)* | 494 Canton av. |
| *5. Full Name of Mother* | Isabella Garrish |
| *6. Mother's Maiden Name* | Isabella Ringrose |
| *7. Mother's Birthplace* | Balto. Co. |
| *8. Full Name of Father* | Benj. Garrish |
| *9. Father's Occupation* | Brick-Mounder |
| *10. Father's Birthplace* | Balto. Co. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17619

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
29
1877
BALTIMORE

Name - David Frederick Crowley

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March th 25 " 1877 |
| *4. Place of Birth (Street and Number)* | No. 200 Charles Street |
| *5. Full Name of Mother* | Charlotte Crowley |
| *6. Mother's Maiden Name* | " . . Smith |
| *7. Mother's Birthplace* | |
| *8. Full Name of Father* | William Crowley |
| *9. Father's Occupation* | Harness maker |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Scarbaugh |
| *Address* | No 236 Montgomery St |
| *Remarks* | |

# RETURN OF A BIRTH.

17620

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 25th /77 |
| *4. Place of Birth (Street and Number)* | Block st No. 72 |
| *5. Full Name of Mother* | Margret Conix |
| *6. Mother's Maiden Name* | Schroder |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Jacob Conix |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allia Anna st. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17621

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 25
4. *Place of Birth (Street and Number)* No. 463. Light Street
5. *Full Name of Mother* Elisabetha Volkman
6. *Mother's Maiden Name* E. Lichtman
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Wilhelm Volkman
9. *Father's Occupation* Shumacker
10. *Father's Birthplace* Germania

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs M. Strang.

*Remarks* No. 32. Lieutenant Street.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17622

HEALTH DEPARTMENT
MAR
27
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 26th of March 1877
4. *Place of Birth* (Street and Number) 214 Saratoga St
5. *Full Name of Mother* Mrs B Steward
6. *Mother's Maiden Name* Hannah Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John B Steward
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs B Blake

*Address* 564 Saratoga St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17623

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** March 26 1877

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 25th 1877.
4. *Place of Birth (Street and Number)* 317 Lombard St.
5. *Full Name of Mother* Lydia Diel.
6. *Mother's Maiden Name* Lydia Julian.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Diel.
9. *Father's Occupation* Bookkeeper.
10. *Father's Birthplace* America.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mc. Amend.

*Address* No. 137 Wolfe St.

*Remarks* ——

# RETURN OF A BIRTH.

17624

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 25th 77 |
| *4. Place of Birth (Street and Number)* | Philpot st No. 36 |
| *5. Full Name of Mother* | Mary Gray |
| *6. Mother's Maiden Name* | " Ellen |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | John Gray |
| *9. Father's Occupation* | Canker |
| *10. Father's Birthplace* | Portland, Mn |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17625

HEALTH DEPARTMENT MAR 27 1877

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** March 26 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 25th 1877.
4. *Place of Birth (Street and Number)* 235 Ann St.
5. *Full Name of Mother* Lizzie Amend.
6. *Mother's Maiden Name* Lizzie Scheible.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Louis Amend.
9. *Father's Occupation* Wheelright.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mary Amend.

*Address* Mrs 137 Wolfe St.

*Remarks* —

17626

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 23 March 1877

*4. Place of Birth (Street and Number)* 41 Eastern Ave

*5. Full Name of Mother* Maggie Egan

*6. Mother's Maiden Name* Flint

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Egan

*9. Father's Occupation* Sailor

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carpenter for B

*Address* 52 E Cambrd

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17627

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th March 1877.
4. *Place of Birth (Street and Number)* Conway st. No 179
5. *Full Name of Mother* Christiane Pfeffer
6. *Mother's Maiden Name* Emold
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* August Pfeffer
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Mrs Fisher

No 11 South Eutaw Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17628

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 March
4. *Place of Birth (Street and Number)* 543 Gay Street
5. *Full Name of Mother* Johanna Everett
6. *Mother's Maiden Name* Rath
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Everett
9. *Father's Occupation* Potter Stone
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 10 Granby Street

*Remarks*

17629

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 25 d. 1877 |
| *4. Place of Birth (Street and Number)* | Corner of Madison and Castle Street |
| *5. Full Name of Mother* | Sophie Friedrig |
| *6. Mother's Maiden Name* | Sophie Kinzel |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Carl Friedrig |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Rudiger |
| *Address* | 134 N. Bond Street |
| *Remarks* | |

# RETURN OF A BIRTH.

17630

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
30
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Negro.
3. *Date of Birth* March 25th 1877.
4. *Place of Birth* (Street and Number) No. 5 Clinton Avenue
5. *Full Name of Mother* Caroline E. Driggs
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father* Napoleon Bonepart Driggs
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Mississippi.

*Name of Medical Attendant*, or other Person who makes this Return. F. B. Gardner M.D.

*Address* 120 N. Greene St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17631

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d 25. Mäg 1877.
4. Place of Birth (Street and Number) Conton Flinton St.
5. Full Name of Mother Rosiena Huber.
6. Mother's Maiden Name Ellertt.
7. Mother's Birthplace Würtemberg
8. Full Name of Father Anton Huber.
9. Father's Occupation Tischler
10. Father's Birthplace Würtemberg.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott St. 61.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17632

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | March 25th 1877. |
| *4. Place of Birth (Street and Number)* | No 284 E Biddle St Balto |
| *5. Full Name of Mother* | Rachel L Swearer. |
| *6. Mother's Maiden Name* | " " Givens. |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | William Swearer. |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Balto. Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Ridgeway Andre M.D. |
| *Address* | 512 E. Biddle St. |
| *Remarks* | |

17633

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 23 March 1877

*4. Place of Birth (Street and Number)* 17 Bank St

*5. Full Name of Mother* Katherine Roach

*6. Mother's Maiden Name* Gaylor

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Dennis Roach

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address* [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17631

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* march 25 1877
4. *Place of Birth (Street and Number)* 72 lancaster st
5. *Full Name of Mother* Josiphine L Jacups
6. *Mother's Maiden Name* Josiphine L Lopron
7. *Mother's Birthplace* sweden
8. *Full Name of Father* William Jacups
9. *Father's Occupation* boiler making
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153 chapstark st

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17635

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25 March 1877
4. *Place of Birth (Street and Number)* 24 S. Broadway
5. *Full Name of Mother* Johanna Fedelity Kunzelmeier
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Anton A. Fedelity
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertrude Miller

*Address* 151 E. 25th St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17636

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 23rd 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore N. Pratt st No 122 |
| *5. Full Name of Mother* | Ellen Cadigan |
| *6. Mother's Maiden Name* | Singleton |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Walter Cadigan |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No 122 Perkins st |
| *Remarks* | |

17637

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* eight

*1. Sex (state whether Male or Female)* girl

*2. Race or Color (if not of the white race)* white

*3. Date of Birth*

*4. Place of Birth (Street and Number)* 25 Marks No 41 Walker st

*5. Full Name of Mother* Eugeny Dorguth

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Frederick Dorguth

*9. Father's Occupation* Coper

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Fischer

*Address* No 11 Sout Futaw Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17638

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Male, |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 25 of March |
| *4. Place of Birth (Street and Number)* | Battery Av. No. 17 |
| *5. Full Name of Mother* | Mary Potee |
| *6. Mother's Maiden Name* | Mary Heenann. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Georg Potee |
| *9. Father's Occupation* | Labor Werke. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No. 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17639
17640

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Twin children |
| *1. Sex (state whether Male or Female)* (2) | Male and Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 25 of March. |
| *4. Place of Birth (Street and Number)* | Cross St. No 210. |
| *5. Full Name of Mother* | Bridget Shay |
| *6. Mother's Maiden Name* | Bridget Mcanvoy |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Shay |
| *9. Father's Occupation* | Labor Work |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wes Martin |
| *Address* | West St No 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

176 111

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Sunday March 25th 1877 |
| *4. Place of Birth (Street and Number)* | 40 Lancaster St. |
| *5. Full Name of Mother* | Emma Cala |
| *6. Mother's Maiden Name* | Binder |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Cala |
| *9. Father's Occupation* | Plumber & Gas-fitter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm Koch |
| *Address* | 328 S Eutaw St. |
| *Remarks* | Phys. |

17642

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 25. th. 1877. |
| *4. Place of Birth (Street and Number)* | No 186. Bethel St. |
| *5. Full Name of Mother* | Caroline Beck. |
| *6. Mother's Maiden Name* | Caroline Beck. |
| *7. Mother's Birthplace* | Prussia Germany. |
| *8. Full Name of Father* | Herman Beck. |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Hanover Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. M. A. Burd. |
| *Address* | No 181. N. Central ave. |
| *Remarks* | All well. |

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17643

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 26. 1877

*4. Place of Birth (Street and Number)* Register st No 39

*5. Full Name of Mother* Anna Schlauch

*6. Mother's Maiden Name* Anna Ochs

*7. Mother's Birthplace* Minchendorf Bayern

*8. Full Name of Father* Andreas Schlauch

*9. Father's Occupation* Wortmeerker

*10. Father's Birthplace* Minchendorf Bayern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Johanna Baupach

*Address* S. Wolfst. No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17644

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
27
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 26/77 |
| *4. Place of Birth (Street and Number)* | Allica anna st No 384 |
| *5. Full Name of Mother* | Louise Lubecker |
| *6. Mother's Maiden Name* | Schafer |
| *7. Mother's Birthplace* | Baltz N D- |
| *8. Full Name of Father* | John Lubecker |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schultes |
| *Address* | Midwife |
| *Remarks* | 320 Allica anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of such child or children.

# RETURN OF A BIRTH.

17645

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* March 26th 1877

*4. Place of Birth (Street and Number)* S.E. Corner Chew & McDonough Sts

*5. Full Name of Mother* Annie Mary Tyler

*6. Mother's Maiden Name* Annie Indy Lenerman

*7. Mother's Birthplace* Balto. Md.

*8. Full Name of Father* George M. D. Tyler

*9. Father's Occupation* Carmaker

*10. Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Henry A Atwell

*Address* 254 N. Donough st

*Remarks*

17646

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 26 March 1877

*4. Place of Birth (Street and Number)* Wolfe St. Lizzie Kreutzer

*5. Full Name of Mother* Lizzie Rail

*6. Mother's Maiden Name* Rail

*7. Mother's Birthplace* U. States

*8. Full Name of Father* Thomas Kreutzer

*9. Father's Occupation* Cigar maker

*10. Father's Birthplace* U. States

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carper

*Address* [illegible] E. [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17647

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 11th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 26-77

*4. Place of Birth (Street and Number)* No 61 Cambridge st

*5. Full Name of Mother* Mary Ann Wile

*6. Mother's Maiden Name* Colison

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry Wile

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah P. Harington

*Address*

*Remarks* No 23 Essex st

Conte

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17648

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12 d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 26th. 1877.
4. *Place of Birth (Street and Number)* 366 Williams Street.
5. *Full Name of Mother* Emilie Roehmer
6. *Mother's Maiden Name* Emilia Stengler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lorenz Roehmer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Dr. Dorothea Baume

*Address* 114 Battery Av.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17614-9

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE MD.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5te Kind

1. *Sex* (state whether *Male* or *Female*) Bub
2. *Race or Color* (if not of the white race) Weiß
3. *Date of Birth* geboren den 26ten Marz
4. *Place of Birth* (Street and Number) No 191. Aliceanner Str
5. *Full Name of Mother* Martha Gice
6. *Mother's Maiden Name* Martha S. Hollang
7. *Mother's Birthplace* Cambridge Maryland
8. *Full Name of Father* H. A. Gice
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant*, or other Person who makes this Return. Friederike Kaufmann

*Address* No 178 Corner of Dodlas u Eastern Av

*Remarks* Hemme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.'

# RETURN OF A BIRTH.

17650

HEALTH DEPARTMENT APR 12 '877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 26 1877
4. *Place of Birth* (Street and Number) N 184 N. High
5. *Full Name of Mother* Esther Elizabeth Kelly
6. *Mother's Maiden Name* Esther Elizabeth Armstrong
7. *Mother's Birthplace* Hampden Baltimore County Md
8. *Full Name of Father* John J. Kelly
9. *Father's Occupation* Produce Commission Merchant
10. *Father's Birthplace* County Galway Ireland

*Name of Medical Attendant,* or other Person who makes this Return. H Hubard M.D

*Address* N 114 Park Ave

*Remarks*

17651

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* 26th March

*4. Place of Birth (Street and Number)* 4 Dawson's Court

*5. Full Name of Mother* Elisabetha Margaretha Schmeltzer

*6. Mother's Maiden Name* Elisabeth Margaretha Certel

*7. Mother's Birthplace* Freyen Bavaria

*8. Full Name of Father* John Schmeltzer

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Lauf Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. R. R. Heldmann M. D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17652

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 26 March 1877

*4. Place of Birth (Street and Number)* Pratt St

*5. Full Name of Mother* Louisa Lynch

*6. Mother's Maiden Name* Casher

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Wm Lynch

*9. Father's Occupation* Vinegar manufacturer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carpenter Sr

*Address* 2 [illegible] Lombard St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17653

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2nd |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | Mar. 26th 77 |
| *4. Place of Birth* (Street and Number) | 1185 E. Paul St. City of Balto. |
| *5. Full Name of Mother* | Cora W Powell |
| *6. Mother's Maiden Name* | Cora W. Waring |
| *7. Mother's Birthplace* | Mobile - Ala |
| *8. Full Name of Father* | Alfred F Powell |
| *9. Father's Occupation* | Physician |
| *10. Father's Birthplace* | Leesburg - Loudoun Co Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | Alfred F. Powell MD |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

11 17652

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Eighth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 26th 1877 |
| *4. Place of Birth (Street and Number)* | 197 Constitution St. |
| *5. Full Name of Mother* | Mary Teresa Ohlendorf |
| *6. Mother's Maiden Name* | Mary Teresa Eschbach |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | Joseph C. Ohlendorf |
| *9. Father's Occupation* | Druggist |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas W. Hunter M.D. |
| *Address* | 111 Guilmour and Ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17655

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** March 28th 1877

HEALTH DEPT. BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 26th 1877.
4. *Place of Birth (Street and Number)* 167 Chapple St
5. *Full Name of Mother* Maggie Winterline.
6. *Mother's Maiden Name* Maggie Sarfel.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Winterbine.
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Durand

*Address* No 137 Wolfe St

*Remarks* Off.

17656

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* colorb

*3. Date of Birth* March 26

*4. Place of Birth (Street and Number)* No 3 Pach. alley

*5. Full Name of Mother* Sarel C Dele

*6. Mother's Maiden Name* Sarer Coster

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Jacob Dele

*9. Father's Occupation* Colvert Co

*10. Father's Birthplace* Brickmkr

*Name of Medical Attendant,* or other Person who makes this Return. Miley Grove

*Address* 181 York St

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17867

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 28 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Ninth |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | March 26th 1877 |
| 4. *Place of Birth* (Street and Number) | 199 Constitution St |
| 5. *Full Name of Mother* | Mary Teresa Ohlendorf |
| 6. *Mother's Maiden Name* | Mary Teresa Eschbaugh |
| 7. *Mother's Birthplace* | Balto Md |
| 8. *Full Name of Father* | Joseph C. Ohlendorf |
| 9. *Father's Occupation* | Druggist |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant*, or other Person who makes this Return. | Silas M. Hunter |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17655

HEALTH DEPARTMENT
MAR
28
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 26th |
| *4. Place of Birth (Street and Number)* | 139 Lee St |
| *5. Full Name of Mother* | Matilda Meisel |
| *6. Mother's Maiden Name* | Miller |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Meisel |
| *9. Father's Occupation* | Upholsterer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Koon |
| *Address* | 328 S Eutaw St |
| *Remarks* | |

17659

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Collard
3. Date of Birth ~~No 15 Clover Ally~~ March 26th 1877
4. Place of Birth (Street and Number) No 15 Clover Ally
5. Full Name of Mother Sophia Tydings
6. Mother's Maiden Name Sophia ~~Tydings~~ Peck
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William M Tydings
9. Father's Occupation Gentelman o. Nurse
10. Father's Birthplace West River Md

Name of Medical Attendant, or other Person who makes this Return. Sharlott Willson

Address No 32 Forrest st

Remarks

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17660

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 26th 1877 |
| *4. Place of Birth (Street and Number)* | 34 Frederick Ave |
| *5. Full Name of Mother* | Lena Irene Weishampel |
| *6. Mother's Maiden Name* | Richardt |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Benjamin Franklin Weishampel |
| *9. Father's Occupation* | Shirt Manufacturer |
| *10. Father's Birthplace* | Shippensburg Pa |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elias C. Price MD |
| *Address* | 762 Madison Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17661 [illegible]

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

Name: Thomas Bond

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* March 26th

*4. Place of Birth (Street and Number)* S. E. cor. Broadway & Madison Sts.

*5. Full Name of Mother* Elisabeth Bond

*6. Mother's Maiden Name* Lyons

*7. Mother's Birthplace* Balto City

*8. Full Name of Father* James Bond

*9. Father's Occupation* Produce Merchant

*10. Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. C. I. Kleuber M.D.

*Address* 222 N. Broadway

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17662

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 1877
4. Place of Birth (Street and Number) No 10 Wyatte St
5. Full Name of Mother Laura Virg Decker
6. Mother's Maiden Name " " Airey
7. Mother's Birthplace City of Baltimore
8. Full Name of Father Wm Decker
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address 140 Scott St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17663

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 76

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 26. 1877
4. *Place of Birth (Street and Number)* South Registerstr No. 39
5. *Full Name of Mother* Anna Schlauch
6. *Mother's Maiden Name* Anna Ochs
7. *Mother's Birthplace* Winchendorf Beiern
8. *Full Name of Father* Andreas Schlauch
9. *Father's Occupation* Wortworker
10. *Father's Birthplace* Winchendorf Beiern

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanna Braupach

*Address* South Wolfstr No 28

*Remarks* Acht Monts to little death March 30, 1877 fietz

Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17664

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Balto
4. *Place of Birth (Street and Number)* No 409 E Chase st
5. *Full Name of Mother* Hannah R Majors
6. *Mother's Maiden Name* " " White
7. *Mother's Birthplace* Balto County
8. *Full Name of Father* John M Majors
9. *Father's Occupation* Attorney
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J Ridgeway Andrews

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17665

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 10 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 27 1877

*4. Place of Birth (Street and Number)* No. 124 S. Chester St

*5. Full Name of Mother* Annie McGinn

*6. Mother's Maiden Name* Mrs Cormick

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* John McGinn

*9. Father's Occupation* Ireland

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. M. J. Gabbard

*Address* 2 144 Bank St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17666

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether etc. of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 27th 1877 |
| *4. Place of Birth (Street and Number)* | 21 Lima avenue |
| *5. Full Name of Mother* | Ida A Martin |
| *6. Mother's Maiden Name* | [illegible] |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas L. Martin |
| *9. Father's Occupation* | Upholster |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Coal St. |
| *Remarks* | |

17667

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 27th of March |
| *4. Place of Birth (Street and Number)* | 322 Eagle Av. |
| *5. Full Name of Mother* | Mary Budderer |
| *6. Mother's Maiden Name* | Bowers |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Budderer |
| *9. Father's Occupation* | Cabinet maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte Crosby |
| *Address* | 369 Cathedral St |
| *Remarks* | |

17668

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 6 ti

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* March 27. 1877

*4. Place of Birth (Street and Number)* N. Schappelstr No 40

*5. Full Name of Mother* Anna Melter

*6. Mother's Maiden Name* Anna Vogelgesang

*7. Mother's Birthplace* Berkavoterhenig Prussia

*8. Full Name of Father* Anton Melter

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Salz Beiern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17669

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)*

*1. Sex (~~state whether Male or~~ Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 27 March, 1877

*4. Place of Birth (Street and Number)* 213 E. Fayette St

*5. Full Name of Mother* Maryann McComas

*6. Mother's Maiden Name* " " Dephin

*7. Mother's Birthplace* New York.

*8. Full Name of Father* Harry H. McComas

*9. Father's Occupation* Gunsmith

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. J. J. Grof

*Address* 127 Orleans St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17670

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27 March 1877
4. *Place of Birth (Street and Number)* Lizzie 126 Fayette St
5. *Full Name of Mother* Lizzie Wartman
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adolph Wartman
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Kusperkow

*Address* 52 E Lombard St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17671

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 27th 1877 |
| *4. Place of Birth (Street and Number)* | No 424 Canton Ave |
| *5. Full Name of Mother* | Eva Schrickroth |
| *6. Mother's Maiden Name* | " Rudel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Schrickroth |
| *9. Father's Occupation* | Coal Heaver |
| *10. Father's Birthplace* | ~~Germany~~ Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Buchmann |
| *Address* | 120 Bank Sts |
| *Remarks* | |

17672

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 of March 1877
4. *Place of Birth (Street and Number)* 14 Castel St.
5. *Full Name of Mother* Elisabeth Fischer
6. *Mother's Maiden Name* Elizabeth Fischer
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Martin Fischer
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baden

*Name of Medical Attendant,* or other Person who makes this Return. Wm Leeders

*Address* 25 S. Durlandt

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17673

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 26 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex* (*state whether ~~Male~~ or Female*) —

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* March 27. 1877.

4. *Place of Birth* (*Street and Number*) 3 Patterson Av

5. *Full Name of Mother* Mary Agnes Lee

6. *Mother's Maiden Name* " St Clair

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jno. W. Lee

9. *Father's Occupation* Plumber

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. A Tinsley M D

*Address* 454 N. Carey St

*Remarks*

17674

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 27. 1877
4. *Place of Birth (Street and Number)* 290 North Gay St.
5. *Full Name of Mother* Ida Taylor
6. *Mother's Maiden Name* Green
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Taylor
9. *Father's Occupation* Tobacco & Cigar dealer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Albert Lyman

*Address* 375 E. Baltimore St. Baltimore.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17675

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
3
1877
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 27th 1877 |
| *4. Place of Birth (Street and Number)* | No 911 Ann St |
| *5. Full Name of Mother* | Louisa Simpson |
| *6. Mother's Maiden Name* | Louisa Kleinle |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles W Simpson |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 281 N Longh st |
| *Remarks* | |

17676

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Mar 27
4. *Place of Birth (Street and Number)* 49 Short st
5. *Full Name of Mother* Mary Myers
6. *Mother's Maiden Name* Mary Fisch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Phillip Myers
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear Johnson

*Address* No 32 Short st

*Remarks* healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17677

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 27th 1877.
4. *Place of Birth (Street and Number)* Corner of Washington st.
5. *Full Name of Mother* Caroline Schiersinger
6. *Mother's Maiden Name* Cozoline Locher.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Matthew Schiersinger.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Killgrist

*Address* No 182 E Monument st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17678

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
16
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | (3) three |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 27 of March |
| *4. Place of Birth (Street and Number)* | No 219 Montgomery St |
| *5. Full Name of Mother* | Anna Mary ~~Schuchardt~~ Rabbitzel |
| *6. Mother's Maiden Name* | Anna Mary Schuchardt |
| *7. Mother's Birthplace* | Liebles Kirchhessen |
| *8. Full Name of Father* | Henry Rabbitzel |
| *9. Father's Occupation* | Bottler |
| *10. Father's Birthplace* | Bischwiller Elsass |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | No 219 Montgomery |
| *Remarks* | Mrs. M. Henry No. 72 Lexington Street |

17679

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Jewish

*3. Date of Birth* March 27th 1877

*4. Place of Birth (Street and Number)* No 47 Harrison St

*5. Full Name of Mother* Hanah Somers

*6. Mother's Maiden Name* " Boyer

*7. Mother's Birthplace* Poland Europe

*8. Full Name of Father* Simon Somers

*9. Father's Occupation* Glazier

*10. Father's Birthplace* Poland Europe

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ullig

*Address* 1/8 Holland St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17680

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

*1. Sex (state whether Male or Female)* Hal

*2. Race or Color (if not of the white race)* Jewish

*3. Date of Birth* 27th March

*4. Place of Birth (Street and Number)* McEldery St ~~41~~ 41

*5. Full Name of Mother* Pauline Jacobs

*6. Mother's Maiden Name* " Kahn

*7. Mother's Birthplace* Prussia Europe

*8. Full Name of Father* Julias Jacobs

*9. Father's Occupation* Second Hand Dealer

*10. Father's Birthplace* Prussia Europe

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Olbig

*Address* 4 Holland St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17681

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 27th
4. Place of Birth (Street and Number) 40 Cumberland St.
5. Full Name of Mother E. Foos.
6. Mother's Maiden Name E. Sickleford
7. Mother's Birthplace Howard Co Md.
8. Full Name of Father C. J. Foos
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Geo W Morris

Address Cor. Stricker & Preston

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

No 17682

HEALTH DEPARTMENT MAR 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 Child

1. *Sex (state whether Male or Female)* Last A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 March 77
4. *Place of Birth (Street and Number)* 17 North Madison Alley
5. *Full Name of Mother* Clara Meyers
6. *Mother's Maiden Name* Clara Robinson Robers
7. *Mother's Birthplace* French Country
8. *Full Name of Father* William B Robers
9. *Father's Occupation* Scrool Sewgre
10. *Father's Birthplace* Tenesee

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 112 North Chappel St for John Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17683

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 27th 1877
4. *Place of Birth* (Street and Number) No 102 Park Avenue
5. *Full Name of Mother* Mary Julia Vickers
6. *Mother's Maiden Name* Mary Julia Willson
7. *Mother's Birthplace* Talbot County Maryland
8. *Full Name of Father* Geo. R. Vickers
9. *Father's Occupation* Merchant Miller
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. J. Schmick M.D.

*Address* 92 North Eutaw St.

*Remarks*

17684

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colord
3. Date of Birth Tusday March 27
4. Place of Birth (Street and Number) Joshe road Rethel and Browdaway
5. Full Name of Mother susan Neal came from sants Marys county
6. Mother's Maiden Name Elizabetha foots
7. Mother's Birthplace William Edward tramwas
8. Full Name of Father Jahom Mord
9. Father's Occupation on ron bantz
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lubiy beth foot midwife

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17683

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 28 1877
4. *Place of Birth (Street and Number)* St. Registersh No 28
5. *Full Name of Mother* Genovefa Blum
6. *Mother's Maiden Name* Genovefa Truffer
7. *Mother's Birthplace* Zornikhaus Schweitz
8. *Full Name of Father* Cekalen Blum
9. *Father's Occupation* Seemann
10. *Father's Birthplace* Saal Bessen

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfsh No 28

*Remarks* Landwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17686

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 11 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 28th 1877 |
| *4. Place of Birth (Street and Number)* | 204 Columbia St. |
| *5. Full Name of Mother* | Sophia Albert |
| *6. Mother's Maiden Name* | S. Winkel |
| *7. Mother's Birthplace* | Prussian Germany |
| *8. Full Name of Father* | George Albert |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Prussian Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17687

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first. |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 28th 1877 |
| *4. Place of Birth (Street and Number)* | 167 Townsend St. |
| *5. Full Name of Mother* | Mary Linz |
| *6. Mother's Maiden Name* | M. Himmelis |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Frank Linz |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wentz |
| *Address* | 56 Paul St |
| *Remarks* | |

17688

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 28 March 1877

*4. Place of Birth (Street and Number)* 28 Clement St.

*5. Full Name of Mother* Sarah Harper

*6. Mother's Maiden Name* Lynch

*7. Mother's Birthplace* U. State of Md.

*8. Full Name of Father* Benjamin Harper

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* U. State of Md.

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Clemperson

*Address* 22 E. Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17689

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics; Board of Health,*
***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 March 1877
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

17690

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 28 March 1877
4. *Place of Birth (Street and Number)* 19 Lombard St
5. *Full Name of Mother* Mary Schuch
6. *Mother's Maiden Name* Rich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Schuch
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper [illegible]

*Address* 52 E Lombard

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17691

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
2
1877
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | 28 March 77 |
| *4. Place of Birth (Street and Number)* | 57 Maryland St |
| *5. Full Name of Mother* | Elizabeth Hine |
| *6. Mother's Maiden Name* | Crownmiller |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Wm Hine |
| *9. Father's Occupation* | Box maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Cooper |
| *Address* | 32 E Lombard |
| *Remarks* | |

# RETURN OF A BIRTH.

17692

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 March 1877
4. *Place of Birth (Street and Number)* 63 High St
5. *Full Name of Mother* Bridget Colling
6. *Mother's Maiden Name* Jno Donald
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Colling
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carpenter Jr

*Address* 52 E Lombard St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17693

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12th Child. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 28th 1877. |
| *4. Place of Birth (Street and Number)* | 20 Russell, St. |
| *5. Full Name of Mother* | Rosa Lintaur |
| *6. Mother's Maiden Name* | " Gasweiu. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Christian Lintaur. |
| *9. Father's Occupation* | Carver. |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. N. Tall. M.D. |
| *Address* | Sharp & Lee Sts. |
| *Remarks* | Child healthy. |

17694

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 28 March

*4. Place of Birth (Street and Number)* 100 Curley st Canton

*5. Full Name of Mother* Dora Josephine Schlutter

*6. Mother's Maiden Name* Dora Josephine Jacobson

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Frederick August Schlutter

*9. Father's Occupation* Blacksmith

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah Tullens

*Address* 104 Curley st Canton

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17695

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 28th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Stockton st. No. 21 |
| *5. Full Name of Mother* | Catherine Burns |
| *6. Mother's Maiden Name* | " Clark |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Michel Burns |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. L. Mitchell |
| *Address* | No 122 Parkin st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17696

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
5
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 28th |
| *4. Place of Birth (Street and Number)* | McHenry St No 81 |
| *5. Full Name of Mother* | Barronica Bortz |
| *6. Mother's Maiden Name* | Amrein |
| *7. Mother's Birthplace* | Baern |
| *8. Full Name of Father* | Wm Short |
| *9. Father's Occupation* | Traveling Agent |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Smith |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

17697

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 28th 1877
4. Place of Birth (Street and Number) No 133 Welcome alley
5. Full Name of Mother Mary West
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father John E West
9. Father's Occupation Sailor
10. Father's Birthplace Queensland County MD

Name of Medical Attendant, or other Person who makes this Return. Queensland County

Address Deborah Thomas N Burgundy alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17698

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
31
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 28/77 |
| *4. Place of Birth (Street and Number)* | 550 N. Gay St |
| *5. Full Name of Mother* | Susan Maria Hempel |
| *6. Mother's Maiden Name* | Susan Maria Ebert |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | William Hempel |
| *9. Father's Occupation* | Brush Manufacturer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr A Thompson |
| *Address* | 254 N. Caroline St |
| *Remarks* | Child strong and healthy |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17699

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 12th |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | March 28th 1877 |
| 4. *Place of Birth* (Street and Number) | No 7 Mc Cabes Court |
| 5. *Full Name of Mother* | Hamiet Forsythe |
| 6. *Mother's Maiden Name* | Hamett Smith |
| 7. *Mother's Birthplace* | Md |
| 8. *Full Name of Father* | Robert Forsythe |
| 9. *Father's Occupation* | Mechanic |
| 10. *Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Noble M D |
| *Address* | 17 Manor Ave |
| *Remarks* | |

17700

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. MAR 31 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White Race |
| *3. Date of Birth* | Born the 28th of March |
| *4. Place of Birth (Street and Number)* | No 103 N. High St. |
| *5. Full Name of Mother* | Margarette Becker |
| *6. Mother's Maiden Name* | " Eiler |
| *7. Mother's Birthplace* | Province Hessen Nassau Germany |
| *8. Full Name of Father* | Philip Becker |
| *9. Father's Occupation* | Tobacco Manufacturer |
| *10. Father's Birthplace* | Province of Hessen Nassau Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Ruiz |
| *Address* | 4 Frederick St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17701

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 29th of March |
| *4. Place of Birth (Street and Number)* | Number 19th corner of adison and dovel stret |
| *5. Full Name of Mother* | Nellie Boyd |
| *6. Mother's Maiden Name* | Nellie Ned |
| *7. Mother's Birthplace* | Cannada west |
| *8. Full Name of Father* | John Boyd |
| *9. Father's Occupation* | Painter to trade |
| *10. Father's Birthplace* | Towsentown Marry Land |
| *Name of Medical Attendant, or other Person who makes this Return.* | M. J. Lennard. |
| *Address* | No. 880 West mchenry St |
| *Remarks* | Strong healthy |

# RETURN OF A BIRTH.

17702

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 29th 1877. |
| *4. Place of Birth (Street and Number)* | 73 Pine St. |
| *5. Full Name of Mother* | Maggie Kirstens |
| *6. Mother's Maiden Name* | M. Brascop |
| *7. Mother's Birthplace* | Prussia Germany |
| *8. Full Name of Father* | Louis Kirstens |
| *9. Father's Occupation* | Runner |
| *10. Father's Birthplace* | Prussia Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Park St. |
| *Remarks* | |

# RETURN OF A BIRTH.

17708

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 29 1877 |
| *4. Place of Birth (Street and Number)* | 395 Saratoga St. |
| *5. Full Name of Mother* | L Lasner |
| *6. Mother's Maiden Name* | L Rose |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Joseph Lasner |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Meyer |
| *Address* | 56 Paul St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] of Baltimore, shall report to the registrar aforesaid, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17701

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 29 1877 |
| *4. Place of Birth (Street and Number)* | 42 E. Carolina St. |
| *5. Full Name of Mother* | Mary Rose |
| *6. Mother's Maiden Name* | Mary Lenard |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Samuel Rose |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M.D. |
| *Address* | |
| *Remarks* | |

17705

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

f Child of Mother (state whether 1st, 2d, 3d, &c.) 1

x (state whether Male or Female) it is A female

ace or Color (if not of the white race) it is A color child

ate of Birth Born March the 29 1877

lace of Birth (Street and Number) No 129 mongum ray Steet

ull Name of Mother Maria Johnson

other's Maiden Name Maria michel

other's Birthplace Eastton Shore MD

ull Name of Father Edward Johnson

ather's Occupation any thing he can get to Du

ather's Birthplace dilla Way

ame of Medical Attendant, or other Person who makes this Return, Margrat Spriges

ddress No 2 peach alley

Remarks

17706

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 29th 1877 |
| *4. Place of Birth (Street and Number)* | 344 Williams Street |
| *5. Full Name of Mother* | Lizzie Broseker |
| *6. Mother's Maiden Name* | Lizzie Filling |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Broseker |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | |

Ralph Wm Kippers 348 Hamilton St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17707

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 8th

*1. Sex (state whether Male or ~~Female~~)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 29th 1877

*4. Place of Birth (Street and Number)* 4 S. Calhoun st

*5. Full Name of Mother* ~~Dennis~~ Annie Blundell

*6. Mother's Maiden Name* Annie McLaughlin

*7. Mother's Birthplace* Bath Md

*8. Full Name of Father* Dennis Blundell

*9. Father's Occupation* Mechanic

*10. Father's Birthplace* Bath Ma.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* H. L. Spartmo

*Remarks* 377 W Lombard st

**Feel Record of Birth.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17708

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* X I 1877

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29. March
4. *Place of Birth (Street and Number)* 119 N. High
5. *Full Name of Mother* Mary Madgin
6. *Mother's Maiden Name* Mary Mahaney
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Madgins
9. *Father's Occupation* Labor
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Flemming

*Address* 97 Albemarle st

*Remarks* healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17709

HEALTH DEPARTMENT
APR
2
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 29 March 1877 |
| *4. Place of Birth (Street and Number)* | 121 Gough St. |
| *5. Full Name of Mother* | Caroline Goeb. |
| *6. Mother's Maiden Name* | Klepper |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Valentin Goeb |
| *9. Father's Occupation* | Broom maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Gertraud Hiller |
| *Address* | 151 E. Pratt St. |
| *Remarks* | |

17710

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** March 31st 1877.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 29th 1877.
4. *Place of Birth (Street and Number)* 319 Bond St
5. *Full Name of Mother* Lizzie Rapp
6. *Mother's Maiden Name* Lizzie Amend.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Rapp.
9. *Father's Occupation* Bakery
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* M D Mary Amend.

*Address* No 137 Wolfe St.

*Remarks*

17711

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 29th 1877 |
| *4. Place of Birth (Street and Number)* | No. 107 Hill st. |
| *5. Full Name of Mother* | Bertha Clemence |
| *6. Mother's Maiden Name* | Dover |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | William Clemence |
| *9. Father's Occupation* | Brick modler |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1779

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 27 March |
| *4. Place of Birth (Street and Number)* | Hillman St |
| *5. Full Name of Mother* | Margaret Gorman |
| *6. Mother's Maiden Name* | Scully |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Bernard Gorman |
| *9. Father's Occupation* | Stone Cutter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Brennan |
| *Address* | 19 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17713

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 29 March
4. *Place of Birth* (Street and Number) 268 Dallas Street
5. *Full Name of Mother* Margarita Offmeyer
6. *Mother's Maiden Name* Müller
7. *Mother's Birthplace* Marienwerde Germany
8. *Full Name of Father* Klemenz Müller
9. *Father's Occupation* ———
10. *Father's Birthplace* Marienwerde

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* Wolfe Street 245.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17714

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6 Child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | th 24 of March 1877 |
| *4. Place of Birth (Street and Number)* | No 9 Ruckleskin Street |
| *5. Full Name of Mother* | Lizzie Ellen Miles |
| *6. Mother's Maiden Name* | L E Saunders |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | John Miles |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Nurse |
| *Address* | Within No 70 |
| *Remarks* | Vermont Street |

17713

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 30 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Mary 29 d. 1877
4. *Place of Birth (Street and Number)* 356 Mc. Danlochstrit
5. *Full Name of Mother* Friedrike Schauerman
6. *Mother's Maiden Name* Friedrike Scholl
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Jakob Schauerman
9. *Father's Occupation* German
10. *Father's Birthplace* Kabenter

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Rudiger

*Address* 134 N. Bondstret

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17716

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* 29th March 1877.

*4. Place of Birth (Street and Number)* Harrison street no 76.

*5. Full Name of Mother* Hester Bukner

*6. Mother's Maiden Name* " " Hornstein

*7. Mother's Birthplace* Polaind

*8. Full Name of Father* Saiman Bukner

*9 Father's Occupation* Shoemaker

*10. Father's Birthplace* Poland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. E. Bernstein. 113 E. Lombard Sts.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17717

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
3
1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 29 march 77
4. *Place of Birth (Street and Number)* 102 Preston st
5. *Full Name of Mother* Mary Meagher
6. *Mother's Maiden Name* " Shott
7. *Mother's Birthplace* md
8. *Full Name of Father* John Meagher
9. *Father's Occupation* Officer at Penitentiary
10. *Father's Birthplace* md

*Name of Medical Attendant,* or other Person who makes this Return. G Lane Tanneyhill

*Address* 129 W Biddle

*Remarks*

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17718

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 29th |
| *4. Place of Birth (Street and Number)* | N° 80 South Pulaski Street |
| *5. Full Name of Mother* | Margaret Sybilla Geage |
| *6. Mother's Maiden Name* | Margaret Sybilla Kistler |
| *7. Mother's Birthplace* | Greensburg York County Penna |
| *8. Full Name of Father* | Moses Scott Geage |
| *9. Father's Occupation* | Gilder |
| *10. Father's Birthplace* | Philadelphia City Penna |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jane Mercer |
| *Address* | McHenry St 136 |
| *Remarks* | |

# RETURN OF A BIRTH.

1719

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
5
1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) [illegible]

3. *Date of Birth* 29th March 1877

4. *Place of Birth* (Street and Number) No 52 Pennsylvania Avenue

5. *Full Name of Mother* Pauline Spurrier

6. *Mother's Maiden Name* Pauline Whiteley

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Nelson Spurrier

9. *Father's Occupation* Clerck

10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Magdalena Somerfield

*Address* 28 Pennsylvania Avenue

*Remarks* Well

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, attendant, or other person in charge, of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, born or not, the full name, nativity, and residence born, its or their physical condition, whether still of the parents, and the maiden name of the mother of such child or children

10-7-54

17720

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

Clara Sanborn Beall

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 29th 1877 2 o'clock A.M.

4. *Place of Birth* (Street and Number) 33 Clark St Baltimore

5. *Full Name of Mother* Ella Bigle

6. *Mother's Maiden Name* Ella Leland

7. *Mother's Birthplace* Philadelphia

8. *Full Name of Father* R. G. Beall

9. *Father's Occupation* Farmer Carrier

10. *Father's Birthplace* Prince George's County Md.

*Name of Medical Attendant,* or other Person who makes this Return. C. C. Richardson

*Address* 302 West Lombard Street

*Remarks* a fine child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17621

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 29. 1877
4. *Place of Birth* (Street and Number) 329 Cathedral Street
5. *Full Name of Mother* Mrs Sarah Hook
6. *Mother's Maiden Name* Sarah Hopple
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* John Hook
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. B. B. Browne M.D.

*Address* 307 Madison Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17722

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 2nd 1877. |
| *4. Place of Birth (Street and Number)* | No 116 E. Fayette St |
| *5. Full Name of Mother* | Anastasia Whitney |
| *6. Mother's Maiden Name* | Anastasia Jacques |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Whitfield Whitney |
| *9. Father's Occupation* | Physician |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Whitfield Whitney M.D. |
| *Address* | 116 E. Fayette St |
| *Remarks* | Labor Natural but long - Full term Child physically perfect and healthy. |

17723

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 29 of March 1877
4. *Place of Birth (Street and Number)* 1 Norris alley
5. *Full Name of Mother* Maria Fairman
6. *Mother's Maiden Name* Maria Eagil
7. *Mother's Birthplace*
8. *Full Name of Father* Bani[illegible] Fairman
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Reed Midwife

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be in advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17724

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | ~~Male~~ Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Mch. 29th |
| *4. Place of Birth (Street and Number)* | No 428 W. Balto. st. |
| *5. Full Name of Mother* | B. Mary Nily |
| *6. Mother's Maiden Name* | B. Mary Zimmermann, |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | Frederick Nily |
| *9. Father's Occupation* | Jeweller & Watch Maker |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Lieuben Reig Dr. Gaborn |
| *Address* | |
| *Remarks* | No 26 N Friendschaft st |

# RETURN OF A BIRTH.

#7725

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 8

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* March. the 29. 18. 77.
4. *Place of Birth (Street and Number)* no. 17. Roos. St Baltimore. M. d
5. *Full Name of Mother* lede will son
6. *Mother's Maiden Name* lede Blake
7. *Mother's Birthplace* Bound in Baltimore County. M. d
8. *Full Name of Father* peter Blake
9. *Father's Occupation* water ~~[illegible]~~ ~~[illegible]~~
10. *Father's Birthplace* ~~[illegible]~~ mast river

*Name of Medical Attendant,* or other Person who makes this Return. M. W. Marz. E. Chem.

*Address* no. 8. Bolton. St. Baltimore. M. d

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17726

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 & 4 tes Child twins

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the. 29, 1877
4. *Place of Birth (Street and Number)* E. Fm. St. No 65.
5. *Full Name of Mother* Lina . Morris
6. *Mother's Maiden Name* Lina Burkhardt
7. *Mother's Birthplace* Berlin. K. Preussen Germany
8. *Full Name of Father* David . Morris
9. *Father's Occupation* merchant
10. *Father's Birthplace* Berlin K. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address* N. Dallas St. No. 26

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to report to the registrar aforesaid, of the City of Baltimore, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17727

HEALTH DEPARTMENT
APR
3
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 29, 1877
4. *Place of Birth (Street and Number)* E. Pratt St. No. 36
5. *Full Name of Mother* Carolina Roth
6. *Mother's Maiden Name* Carolina Gräflein
7. *Mother's Birthplace* Hessborn Schweitzerland - Europe
8. *Full Name of Father* Conrad Roth
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Schwarzenfels. Kr. Prussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17728

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6. |
| *1. Sex (state whether Male or Female)* | Male - |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | March 29 - 1877 |
| *4. Place of Birth (Street and Number)* | No 223 Townsend St. |
| *5. Full Name of Mother* | Catharine Belle Lazenby - |
| *6. Mother's Maiden Name* | Catharine Belle Harper. |
| *7. Mother's Birthplace* | Balto. Md - |
| *8. Full Name of Father* | Frank H. Lazenby. |
| *9. Father's Occupation* | Commission Merchant. |
| *10. Father's Birthplace* | Georgetown, D.C. |
| *Name of Medical Attendant, or other Person who makes this Return.* | John J. King - M.D. |
| *Address* | Edmondson Ave |
| *Remarks* | W. of Carrollton Ave - |

17729

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 8th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 30th 9 30 A. M. 1877
4. *Place of Birth (Street and Number)* 55 N. Broadway
5. *Full Name of Mother* Cornelia Owen Swearer
6. *Mother's Maiden Name* Cornelia Owen Tumbleson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Swearer
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. James E. Dwinelle M.D.

*Address* 299 E. Baltimore St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17730

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | March 30th 1877 |
| *4. Place of Birth (Street and Number)* | 74 Canton St. |
| *5. Full Name of Mother* | Margaretha Klein |
| *6. Mother's Maiden Name* | M. Kraus |
| *7. Mother's Birthplace* | Wurtenburg Germany |
| *8. Full Name of Father* | A. Klein |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Wurtenburg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Veal St. |
| *Remarks* | |

17731

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 10 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether ~~Male~~ or Female) —
2. Race or Color (if not of the white race) White
3. Date of Birth March 30 1877
4. Place of Birth (Street and Number) 30 Smith St
5. Full Name of Mother Margaret Mudd
6. Mother's Maiden Name " McNally
7. Mother's Birthplace Lynchburg Va
8. Full Name of Father Jno. T. Mudd.
9. Father's Occupation Dead.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Tensley MD

Address 454 N. Carey St

Remarks City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17732

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** March 31st 1877

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd 1.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 30th 1877.
4. *Place of Birth (Street and Number)* 76 Chester St.
5. *Full Name of Mother* Christina Sap.
6. *Mother's Maiden Name* Christina Abt.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Sap
9. *Father's Occupation* Brere Wagon
10. *Father's Birthplace* America

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mary Amend.

*Address* No 137 Wolfe St.

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17733

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March the 30th 1877 |
| *4. Place of Birth (Street and Number)* | 266 Cross Street |
| *5. Full Name of Mother* | Maria Bensel |
| *6. Mother's Maiden Name* | " " Reinckel |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Bensel |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Catherina Munch |
| *Address* | 74 Ledenhall Street |
| *Remarks* | |

# RETURN OF A BIRTH.

17734

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White,
3. Date of Birth 30th March 1877,
4. Place of Birth (Street and Number) 245 Lanvale Street,
5. Full Name of Mother Anna Dean Doll,
6. Mother's Maiden Name Anna Dean Lyth,
7. Mother's Birthplace Baltimore Md,
8. Full Name of Father Leander Z. Doll,
9. Father's Occupation Merchant,
10. Father's Birthplace Frederick Md.

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 139. N. Arlington Avenue,

Remarks Premature birth, Natural labor,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17736

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
5
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge of any lying-in establishment in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether alive or still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12 th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 30th 1877 |
| *4. Place of Birth (Street and Number)* | No 326 Sharp st. |
| *5. Full Name of Mother* | Elisabeth Deck |
| *6. Mother's Maiden Name* | Bangard. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Martin Deck |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | D. Lofwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

# RETURN OF A BIRTH.

17736

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, and each householder of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 30th 1877 |
| *4. Place of Birth (Street and Number)* | Light st No 3063 |
| *5. Full Name of Mother* | Clara Meaushaw |
| *6. Mother's Maiden Name* | Clara Hyson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Meaushaw |
| *9. Father's Occupation* | Cabinet Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary E Anderson |
| *Address* | No 92 Hamburg st |
| *Remarks* | Both doing Well at present |

17737

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third (3rd)

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 30th 1877

*4. Place of Birth (Street and Number)* 373. Pennsylvania Avenue

*5. Full Name of Mother* Dora Griffith

*6. Mother's Maiden Name* Dora Styles

*7. Mother's Birthplace* Baltimore City Maryland

*8. Full Name of Father* Joseph Logan Griffith

*9. Father's Occupation* Shoe Maker

*10. Father's Birthplace* Baltimore City Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Drs Hummert & Fox

*Address* 190 Penna Ave & 414 W. Lombard St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17738

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Child. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 30th 1877 |
| *4. Place of Birth (Street and Number)* | 13 Anthony St. |
| *5. Full Name of Mother* | Mary Rehbein |
| *6. Mother's Maiden Name* | Mary Whelan |
| *7. Mother's Birthplace* | Ireland. |
| *8. Full Name of Father* | George Rehbein. |
| *9. Father's Occupation* | House Carpenter. |
| *10. Father's Birthplace* | Baltimore City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Crs. M. A. Bufo |
| *Address* | No 181, N. Central Ave. S. Moore St. J. Monument |
| *Remarks* | All Well |

# RETURN OF A BIRTH.

17739

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

Name: Oliver T. Jarvis

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 30/77 |
| *4. Place of Birth (Street and Number)* | No 225 Hanover st |
| *5. Full Name of Mother* | Mary E (~~Dent~~) Jarvis |
| *6. Mother's Maiden Name* | " " Sipes |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | Francis (~~Dent~~) Jarvis |
| *9. Father's Occupation* | Mason Contractor |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm C A Lewis |
| *Address* | 162 Hanover st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth—sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RECEIVED DEPARTMENT OF HEALTH MAY 3 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1770

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
1877

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 4th child |
| 1. *Sex* (*state whether Male or Female*) | male |
| 2. *Race or Color* (*if not of the white race*) | colored |
| 3. *Date of Birth* | march 30th |
| 4. *Place of Birth* (*Street and Number*) | no 30 peach alley |
| 5. *Full Name of Mother* | emeline clash |
| 6. *Mother's Maiden Name* | emeline whitington |
| 7. *Mother's Birthplace* | cotberl county md |
| 8. *Full Name of Father* | john clash |
| 9. *Father's Occupation* | labour |
| 10. *Father's Birthplace* | dorchester county |
| *Name of Medical Attendant*, or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | no 4 pratt st corner |
| *Remarks* | helthy child |

17741

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 30th 1877 |
| *4. Place of Birth (Street and Number)* | 8 Laurel Street |
| *5. Full Name of Mother* | Margret Donaldson |
| *6. Mother's Maiden Name* | Barry |
| *7. Mother's Birthplace* | Norfork Va |
| *8. Full Name of Father* | Agustine Donaldson |
| *9. Father's Occupation* | Candy Manufactor |
| *10. Father's Birthplace* | Philadelphia Pa |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charles F. Thomas M.D. |
| *Address* | 85 E. Baltimore Street |
| *Remarks* | |

That any physician, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17742

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ds Child

1. *Sex (state whether Male or ~~Female~~).*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March the 30. 1877
4. *Place of Birth (Street and Number)* Orleans St. No 178
5. *Full Name of Mother* Katharina Fuhrer
6. *Mother's Maiden Name* Katharina Bächel
7. *Mother's Birthplace* Effolderbach Gr. Hessen Germany
8. *Full Name of Father* Elias Fuhrer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Granatebern Gr. Hessen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Huber

*Address* N. Dallas St. No 26.

*Remarks*

17743

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 31st 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Wilbamboro st No 445 |
| *5. Full Name of Mother* | Bridget Benton |
| *6. Mother's Maiden Name* | Author |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Charlie Benton |
| *9. Father's Occupation* | Mechanic |
| *10. Father's Birthplace* | Baltimore |
| *11. Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *12. Address* | No. 183 Parkin st |
| *13. Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

177444

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 31 1877

*4. Place of Birth (Street and Number)* N 56 Courtland St

*5. Full Name of Mother* Lizzie Green Kirkland

*6. Mother's Maiden Name* Lizzie Green

*7. Mother's Birthplace* Concord Delaware

*8. Full Name of Father* Ogden A. Kirkland

*9. Father's Occupation* Auction & Commission Merchant

*10. Father's Birthplace* Huntington Mapachee

*Name of Medical Attendant,* or other Person who makes this Return. F. E. Chatard M.D

*Address* N 114 Park Ave.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17745

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fourth Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 31st 1877

*4. Place of Birth (Street and Number)* 26 S. Castle St

*5. Full Name of Mother* Caroline Homer

*6. Mother's Maiden Name* Bufter

*7. Mother's Birthplace* Balto City

*8. Full Name of Father* Joseph Homer

*9. Father's Occupation*

*10. Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Wm. J. Gale M.D.

*Address* 2 H St, Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17746

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 31st 1877
4. *Place of Birth (Street and Number)* 118 S. Chappel St.
5. *Full Name of Mother* Mary Rose Herr
6. *Mother's Maiden Name* Mary Schuebler
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Anton Herr
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. B. Lederer

*Address* 25 S. Durham St.

*Remarks*

That any physician, accoucheur, midwife, or other person who advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17747

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) W
3. *Date of Birth* May 31. 1897
4. *Place of Birth* (Street and Number) No 2 Nelson " Balto
5. *Full Name of Mother* Emma King
6. *Mother's Maiden Name* Emma King
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* William A King
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Lancaster Pa

*Name of Medical Attendant,* or other Person who makes this Return. J H Bullman M D.

*Address* 23 Franklin " Balto

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17748

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth March 31st 1877.
4. Place of Birth (Street and Number) William Street No 371.
5. Full Name of Mother Mary S. Sebach.
6. Mother's Maiden Name Mary S. Eyser
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Henry Sebach.
9. Father's Occupation Fire Department
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in attendance upon the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17749

HEALTH DEPARTMENT APR 7 1977 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* ~~*(state whether 1st, 2d, 3d, &c.)*~~

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 31 st of March 1877

*4. Place of Birth (Street and Number)* 555 S. Exeter St.

*5. Full Name of Mother* Mary Hurley Lusby

*6. Mother's Maiden Name* Gifford

*7. Mother's Birthplace* Balto. City

*8. Full Name of Father* Benjamin Franklin Lusby

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Balto. Co.

*Name of Medical Attendant,* or other Person who makes this Return. E. L. Bons M.D.

*Address* 406 E. Balto. St.

*Remarks*

17750

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 31 st 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Morris. alley |
| *5. Full Name of Mother* | Elizabeth A Taylor |
| *6. Mother's Maiden Name* | Elizabeth A Brooks |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | William H Taylor |
| *9. Father's Occupation* | Liner |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jane Mercer |
| *Address* | Mahenery St 136 |
| *Remarks* | |

# RETURN OF A BIRTH.

17751

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Saturday 10 15 PM March 31st 1877
4. Place of Birth (Street and Number) No 9 Bennett St
5. Full Name of Mother Frances F Morton
6. Mother's Maiden Name Frances F Ewards
7. Mother's Birthplace Baltimore City
8. Full Name of Father Francis C Morton
9. Father's Occupation Laborer
10. Father's Birthplace Connecticut

Name of Medical Attendant, or other Person who makes this Return. J E Prichard M D

Address 28 O Donnell St

Remarks Head presentation. The Child is very large

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17732

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. *Sex* (state whether Male or Female) | White Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | March 30th 1877 |
| 4. *Place of Birth* (Street and Number) | 709 East St. |
| 5. *Full Name of Mother* | Mary Silberzahn. |
| 6. *Mother's Maiden Name* | Mary Ward. |
| 7. *Mother's Birthplace* | Baltimore City. |
| 8. *Full Name of Father* | Henry Silberzahn. |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary J. Walter |
| *Address* | 125. N. Carlisle St |
| *Remarks* | |

17753

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 31 d 1877

*4. Place of Birth (Street and Number)* No. 831 West Pratt St

*5. Full Name of Mother* Rosza Bushmann

*6. Mother's Maiden Name* Rossa Grabb

*7. Mother's Birthplace* Bieber Germanen

*8. Full Name of Father* Christian Bushmann

*9. Father's Occupation* No 831 West Pratt St

*10. Father's Birthplace* Heldenbergen Germanen

*Name of Medical Attendant,* or other Person who makes this Return. Mr Trimler No 60 Nort ~~[illegible]~~ Sheriff St

*Address* Christian Bushmann No 831 West Pratt St

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17754

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 31. 1877

*4. Place of Birth (Street and Number)* No 28.

*5. Full Name of Mother* Eliza Schaefler.

*6. Mother's Maiden Name* Eliza De Boer.

*7. Mother's Birthplace* Holden Germany

*8. Full Name of Father* Charles Schaefler

*9. Father's Occupation* Lowd Carpenter.

*10. Father's Birthplace* Wurtemberg G.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No 181. N. Centre av. 3 doors South of Monument

*Remarks* Parable.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17733

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | Colored |
| 3. Date of Birth | Balt Md |
| 4. Place of Birth (Street and Number) | 1 Tippenery bit Alley |
| 5. Full Name of Mother | Ellen Smith |
| 6. Mother's Maiden Name | Ellen Smith |
| 7. Mother's Birthplace | Balt. Md |
| 8. Full Name of Father | Jas Turban |
| 9. Father's Occupation | Laborers |
| 10. Father's Birthplace | Balt. Md |
| Name of Medical Attendant, or other Person who makes this Return. | John A. Conner M.D. |
| Address | 286 E. Balt. St |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17756

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 21 1877
4. *Place of Birth (Street and Number)* Baltimore No 31 Arch St
5. *Full Name of Mother* Ellen Williams
6. *Mother's Maiden Name* Hollins
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Wm Williams
9. *Father's Occupation* Porter
10. *Father's Birthplace* Fredrick City

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17757

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March My 22 1877
4. *Place of Birth (Street and Number)* Baltimore . No 76 Chesnut ally
5. *Full Name of Mother* Sarah Carwell
6. *Mother's Maiden Name* Johnson
7. *Mother's Birthplace* Talbot Co md
8. *Full Name of Father* William Carwell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore md

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dorsey

*Address* 83 Oxford St

*Remarks*

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17735

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | January 7 |
| *4. Place of Birth (Street and Number)* | Canton No 325 |
| *5. Full Name of Mother* | Augusta Snow |
| *6. Mother's Maiden Name* | " Quatmann |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Christ Snow |
| *9. Father's Occupation* | Captain Ferry boat |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Regina Heidlage |
| *Address* | No 289 S. Bond St |
| *Remarks* | |

# RETURN OF A BIRTH.

17759

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Femail |
| *2. Race or Color (if not of the white race)* | Collard |
| *3. Date of Birth* | Jan 3 1877 |
| *4. Place of Birth (Street and Number)* | Hulls Cain No 13 |
| *5. Full Name of Mother* | Sarrah Lozet |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | North Carlina |
| *8. Full Name of Father* | Harday Lozet |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | North Carlina |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlott Willson |
| *Address* | No 32 Forest St |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

17760

HEALTH DEPARTMENT
FEB 26 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge of any case of birth occurring in the City of Baltimore, shall report to the registrar aforesaid, at the birth of any child within the City of Baltimore, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (*state whether ~~1st~~, 2d, ~~3d, &c.~~*) | 2nd |
| *1. Sex* (*~~state whether Male or~~ Female*) | Female |
| *2. Race or Color* (*if not of the white race*) | White |
| *3. Date of Birth* | January 30th 1877 |
| *4. Place of Birth* (*Street and Number*) | 187 N. Charles St |
| *5. Full Name of Mother* | Ellen Allston Dulany |
| *6. Mother's Maiden Name* | Ellen Allston Simons |
| *7. Mother's Birthplace* | West Point (New York) |
| *8. Full Name of Father* | Walter Dulany |
| *9 Father's Occupation* | Lawyer & Agent |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Reginald Buckler |
| *Address* | 135 N. Charles St |
| *Remarks* | |

17761

# RETURN OF A BIRTH.

1.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE FEB 15 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 31 1877
4. Place of Birth (Street and Number) N 205 Druid Hill Ave
5. Full Name of Mother Mary Rosanna Renwick
6. Mother's Maiden Name Mary Rosanna Henning
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Renwick Jr
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Chatard M.D.

Address N 114 Park Ave.

Remarks

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING
#17762

17763

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | 2nd Jan. 1877 |
| 4. Place of Birth (Street and Number) | 633 W. Pratt |
| 5. Full Name of Mother | Amelia ~~Phipps~~ |
| 6. Mother's Maiden Name | Strube |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | John C. Phipps |
| 9. Father's Occupation | Trunkmaker |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | John Hood, M.D. |
| Address | 274 Hollins St. |
| Remarks | Fine healthy Child |

That any physician, accoucheur, midwife, or other person in charge, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17761

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 1 |
| *1. Sex* (*state whether Male or Female*) | Female |
| *2. Race or Color* (*if not of the white race*) | |
| *3. Date of Birth* | Jan. 11, 1877 |
| *4. Place of Birth* (*Street and Number*) | 46 S. Carrollton Av. |
| *5. Full Name of Mother* | Annie M. Straube |
| *6. Mother's Maiden Name* | Doherty |
| *7. Mother's Birthplace* | Richmond Va. |
| *8. Full Name of Father* | Daniel F Straube |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | John Ford M.D. |
| *Address* | 274 Hollins St |
| *Remarks* | Delicate child |

17765

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Black

*3. Date of Birth* February 13th 1877

*4. Place of Birth (Street and Number)* 64 Henrietta St

*5. Full Name of Mother* Ruth A. Robinson

*6. Mother's Maiden Name* Ruth A. Lyle

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Jos H Robinson

*9. Father's Occupation* Minister

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Theodore Cooke Md

*Address*

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17766

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 15th 1877 |
| *4. Place of Birth (Street and Number)* | 511 Light St |
| *5. Full Name of Mother* | Charlotte M. Kano |
| *6. Mother's Maiden Name* | Charlotte M. Boyer |
| *7. Mother's Birthplace* | Frederick County |
| *8. Full Name of Father* | Francis T. Kano |
| *9. Father's Occupation* | Fireman |
| *10. Father's Birthplace* | Frederick County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17767

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 19th 1877 |
| *4. Place of Birth (Street and Number)* | 74 Lee Street |
| *5. Full Name of Mother* | Mary C. Bowen |
| *6. Mother's Maiden Name* | Mary C. Thomas |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Henry Bowen |
| *9. Father's Occupation* | Store Keeper |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17.768

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 19th 1874 |
| *4. Place of Birth (Street and Number)* | 244 Montgomery St |
| *5. Full Name of Mother* | Ella |
| *6. Mother's Maiden Name* | Ella March |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Thomas A |
| *9. Father's Occupation* | Farmer |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17769

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*Name of Child* Christian Jacob Yonse

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 23rd 1897 |
| *4. Place of Birth (Street and Number)* | 24 Penn St |
| *5. Full Name of Mother* | Louisa C. Yonse |
| *6. Mother's Maiden Name* | Louisa C. Ebert |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | C. Jonse |
| *9. Father's Occupation* | Boot Maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Koster |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 25th 1877 |
| *4. Place of Birth (Street and Number)* | 43 Lovington St |
| *5. Full Name of Mother* | Margaret E. Brown |
| *6. Mother's Maiden Name* | Margaret E. Westcot |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | Charles Brown |
| *9. Father's Occupation* | Glassblower |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Goodwin |
| *Address* | |
| *Remarks* | |

11770

JUL 3 1877

BALTIMORE

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1777

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 26th 1874 |
| *4. Place of Birth (Street and Number)* | Fayt & Johnson Street |
| *5. Full Name of Mother* | Barbara Smith |
| *6. Mother's Maiden Name* | Barbara Moore |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Wm F Smith |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Kent |
| *Address* | |
| *Remarks* | |

JUL 3 1877 BALTIMORE

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17772

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 26th 1877
4. Place of Birth (Street and Number) 12 S Henrietta
5. Full Name of Mother Mary Welby
6. Mother's Maiden Name Mary North
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Marcellus Welby
9. Father's Occupation Engineer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke Md

Address

Remarks

17773

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 4th 1877 |
| *4. Place of Birth (Street and Number)* | 163 S Green St |
| *5. Full Name of Mother* | Lotta Mills |
| *6. Mother's Maiden Name* | Lotta Clemens |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Phil Mills |
| *9. Father's Occupation* | Labrer |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17774

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | ~~Black~~ Male |
| *2. Race or Color (if not of the white race)* | Black |
| *3. Date of Birth* | March 14th, 1877 |
| *4. Place of Birth (Street and Number)* | 2 Wayne St |
| *5. Full Name of Mother* | Susan Dorsey |
| *6. Mother's Maiden Name* | Susan Mitchell |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Luke Dorsey |
| *9. Father's Occupation* | Drayman |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17775

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 16th 1877 |
| *4. Place of Birth (Street and Number)* | 15 Clement st |
| *5. Full Name of Mother* | Jane Davis |
| *6. Mother's Maiden Name* | Jane Conlin |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Barney Davis |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1776

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 21st 1877 |
| *4. Place of Birth (Street and Number)* | 9 Central Avenue |
| *5. Full Name of Mother* | Amelia Sachse |
| *6. Mother's Maiden Name* | Amelia Reinhardt |
| *7. Mother's Birthplace* | New York |
| *8. Full Name of Father* | Arthur Sachse |
| *9. Father's Occupation* | Lithographer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore [illegible] |
| *Address* | |
| *Remarks* | |

17777

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 21st 1877 |
| *4. Place of Birth (Street and Number)* | 27 York St |
| *5. Full Name of Mother* | Annie Welsh |
| *6. Mother's Maiden Name* | Annie Kane |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Edward Kane |
| *9. Father's Occupation* | Box Maker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17778

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 23rd 1877 |
| *4. Place of Birth (Street and Number)* | 115 Hamburg St |
| *5. Full Name of Mother* | Catharine Mockbee |
| *6. Mother's Maiden Name* | Catharine Hubbard |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Francis Mockbee |
| *9. Father's Occupation* | Cook |
| *10. Father's Birthplace* | St Louis |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

17779

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 9 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th Child.

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 24th 1877.

*4. Place of Birth (Street and Number)* Fredricks Pl.

*5. Full Name of Mother* Callie E. Norman.

*6. Mother's Maiden Name* Ward.

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* Wm. E. Norman.

*9. Father's Occupation* Lock Maker.

*10. Father's Birthplace* Fredrick County Md.

*Name of Medical Attendant,* or other Person who makes this Return. L. Wilton White M.D.

*Address* 845 W. Baltimore St.

*Remarks*

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17780

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 27th 1877. |
| *4. Place of Birth (Street and Number)* | 99 S. Stricker St. |
| *5. Full Name of Mother* | Cornelia J. Hilton |
| *6. Mother's Maiden Name* | Nelson. |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Andrew J. Hilton. |
| *9. Father's Occupation* | Machinist. |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Walton White M.D. |
| *Address* | 845 W. Baltimore St. |
| *Remarks* | |

17781

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge of any lying-in establishment in the City of Baltimore, shall report to the registrar aforesaid, at the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 27th 1877 |
| *4. Place of Birth (Street and Number)* | 140 Colgate Ave |
| *5. Full Name of Mother* | Cecelia J. ~~Wilkins~~ Rose |
| *6. Mother's Maiden Name* | Cecelia J. Wilkins |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Geo G. Rose |
| *9. Father's Occupation* | Paper Hanger |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Bottwell |
| *Address* | |
| *Remarks* | |

17782

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | April 1st |
| *4. Place of Birth (Street and Number)* | Durham St No 349 |
| *5. Full Name of Mother* | Francis Geis |
| *6. Mother's Maiden Name* | " Scheigert |
| *7. Mother's Birthplace* | Baden Europe |
| *8. Full Name of Father* | Leonhard Geis |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Bavern Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Ulley |
| *Address* | 48 Holland St |
| *Remarks* | |

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17783

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st April 1877
4. Place of Birth (Street and Number) Chestnut st No 224
5. Full Name of Mother Abbie O. Holloran
6. Mother's Maiden Name Abbie Dorgan
7. Mother's Birthplace Cork Ireland
8. Full Name of Father Jno O. Holloran
9. Father's Occupation Painter
10. Father's Birthplace County Clair Ireland

Name of Medical Attendant, or other Person who makes this Return. Henry P. F. Yeates M.D.

Address 101 Ensor st

Remarks

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17781

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 child |
| *1. Sex (state whether Male or Female)* | girl |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 1st 1877 |
| *4. Place of Birth (Street and Number)* | 130 Forest St |
| *5. Full Name of Mother* | ellen forbes |
| *6. Mother's Maiden Name* | ellen flinn |
| *7. Mother's Birthplace* | ireland |
| *8. Full Name of Father* | alexandes forbes |
| *9. Father's Occupation* | carpenter |
| *10. Father's Birthplace* | ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Rachel a garrett |
| *Address* | 433 alicanna st |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

That any physician, accoucheur, midwife or other person in the City of Baltimore, shall report to the registrar aforesaid, at the birth of any child, within the City of Baltimore, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, born or not, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11

17785

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
10
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (~~state whether Male or~~ Female)* | " |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 1st 1877 |
| *4. Place of Birth (Street and Number)* | 716 W. Lombard St |
| *5. Full Name of Mother* | Mary Fallon |
| *6. Mother's Maiden Name* | " Mafford |
| *7. Mother's Birthplace* | Balto. Md |
| *8. Full Name of Father* | Joseph Fallon |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | H L Spencer |
| *Address* | 316 W. Lombard St |
| *Remarks* | |

17786

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE

*No. of Child of Mother* (~~state whether~~ *1st,* ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* April 1st 77.
4. *Place of Birth (Street and Number)* 171 N. Carrollton Ave.
5. *Full Name of Mother* Sophia Price.
6. *Mother's Maiden Name* Sophia McIntire.
7. *Mother's Birthplace* Cecil Co. Md.
8. *Full Name of Father* Jerome W. Price.
9. *Father's Occupation* Salesman.
10. *Father's Birthplace* Baltimore City Md.

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Frazer M.D.

*Address* City

*Remarks*

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17787

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 1st, 1877 |
| *4. Place of Birth (Street and Number)* | No 20 Poltney st. |
| *5. Full Name of Mother* | Cathern Schulz |
| *6. Mother's Maiden Name* | Keuchler |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | August Schulz |
| *9. Father's Occupation* | Cabnet maker |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schwosser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17788

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 1st 1877

*4. Place of Birth (Street and Number)* 400 Light St

*5. Full Name of Mother* Sallie M. Bankhagee

*6. Mother's Maiden Name* Sallie Murray

*7. Mother's Birthplace* Cumberland

*8. Full Name of Father* Frederic E. Bankhagee

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. W. P. Bales M.D.

*Address* 73 E. Balto. St

*Remarks* "

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17789

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 1st
4. Place of Birth (Street and Number) Eastern Ave 97
5. Full Name of Mother Elizabeth Reisenweber
6. Mother's Maiden Name Elizabeth Lechner
7. Mother's Birthplace Oldendorf
8. Full Name of Father John Reisenweber
9. Father's Occupation Wagon Driver
10. Father's Birthplace Baearn

Name of Medical Attendant, or other Person who makes this Return. John A Schulte MD

Address N E Cor Gough & Eden St

Remarks

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17790

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st –

1. Sex (state whether Male or Female) Female –

2. Race or Color (if not of the white race)

3. Date of Birth April 1. 1877.

4. Place of Birth (Street and Number) 17 Bath St –

5. Full Name of Mother Catherine Brannon Moran –

6. Mother's Maiden Name Brannan

7. Mother's Birthplace Ireland –

8. Full Name of Father Wm L Moran –

9 Father's Occupation Carpenter –

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address 175 Saratoga St

Remarks

That any physician, accoucheur, midwife, or other person who advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17791

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
4
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 243 Eden Street
4. *Place of Birth (Street and Number)* 1 Etpnel
5. *Full Name of Mother* Anna Schmid
6. *Mother's Maiden Name* Seth
7. *Mother's Birthplace* Gaymany
8. *Full Name of Father* Heaster Schmied
9. *Father's Occupation* Stone
10. *Father's Birthplace* Gaimany

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* 1070 Greenly Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17792

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Color Black |
| *3. Date of Birth* | April the 1d 1877 |
| *4. Place of Birth (Street and Number)* | No 16 Stockton Alley |
| *5. Full Name of Mother* | Julie Scott |
| *6. Mother's Maiden Name* | " " " |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | " " |
| *9. Father's Occupation* | " " |
| *10. Father's Birthplace* | " " |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Smith |
| *Address* | No 16 Stockton Alley |
| *Remarks* | |

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17793.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April th 1d 1877 |
| *4. Place of Birth (Street and Number)* | 174 Cross Street |
| *5. Full Name of Mother* | Louise Schmith |
| *6. Mother's Maiden Name* | " " Fritschmer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Willhelm Schmith |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

17794 [illegible]

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April th 1d 1877
4. *Place of Birth (Street and Number)* 71 Dover Street
5. *Full Name of Mother* Wilhelmina Relth
6. *Mother's Maiden Name* " " " Ofenloch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bruno Relth
9. *Father's Occupation* Loocksmith
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cathrina Münch

*Address* 74 Leadenhall Street

*Remarks* Name of child. William Bruno Ludwig Relth

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17795

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fire child

*1. Sex (state whether Male or ~~Female~~)*

*2. Race or Color (if not of the white race)* W.

*3. Date of Birth* April 1. 1877

*4. Place of Birth (Street and Number)* N 256 N. Eutaw St Balto

*5. Full Name of Mother* Sarah Witten

*6. Mother's Maiden Name* Sarah Hammond

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* William Witten

*9. Father's Occupation* Stable Keeper

*10. Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J H Pattison M D

*Address* 23 Franklin St Balto

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17796

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 1st |
| *4. Place of Birth (Street and Number)* | 68 Berry Alley |
| *5. Full Name of Mother* | Elizebeth Gemunder |
| *6. Mother's Maiden Name* | Bowtach |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jacob Gemunder |
| *9. Father's Occupation* | Silver Plater |
| *10. Father's Birthplace* | Wurttemburg |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Krow |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17797

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 1st 1877.
4. *Place of Birth (Street and Number)* No. 33 Barnes St.
5. *Full Name of Mother* M. M. Schaefer.
6. *Mother's Maiden Name* M. M. Geis.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Conrad Schaefer.
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 112 E. Monument St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17798

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2nd. 12 45 A.M. 1877
4. *Place of Birth (Street and Number)* 1 Jackson Square
5. *Full Name of Mother* Jennie Roberta McGee
6. *Mother's Maiden Name* Jennie Roberta Bowdle
7. *Mother's Birthplace* Oxford, Talbott Co.
8. *Full Name of Father* James Harker McGee
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. James E. Dwinelle M.D.

*Address* 299 E. Baltimore Street

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17799

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Boy first Child

1. Sex (state whether Male or Female) Colord Male
2. Race or Color (if not of the white race) born 2 April
3. Date of Birth hear 25 years his 29 Hanna Johnson Robert Johnson
4. Place of Birth (Street and Number) George Johnson
5. Full Name of Mother Elizibletha foot
6. Mother's Maiden Name Jocha road 107
7. Mother's Birthplace Fortsmrow Virgine Lancaster County
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mizzea [illegible] foot [illegible]

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17800.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 2 Apr 1877 |
| *4. Place of Birth (Street and Number)* | 49 Albemarle |
| *5. Full Name of Mother* | Catherine Hossman |
| *6. Mother's Maiden Name* | Kelly |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Hossman |
| *9. Father's Occupation* | Cigarmaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 126 Lombard St |
| *Remarks* | |

17801

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth April 2nd 1877
4. Place of Birth (Street and Number) 418 E. Madison St
5. Full Name of Mother Sarah Ann Bond
6. Mother's Maiden Name " " Suter
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Bond
9. Father's Occupation Horse Shoer
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address N. W. Cor Broadway & Madison St

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17802

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* wht

*3. Date of Birth* 2d April 77

*4. Place of Birth (Street and Number)* 157 W Biddle

*5. Full Name of Mother* Louisa G. Johnson

*6. Mother's Maiden Name* " " Powell

*7. Mother's Birthplace* md

*8. Full Name of Father* Thos J. Johnson

*9. Father's Occupation* Grocer

*10. Father's Birthplace* md

*Name of Medical Attendant,* or other Person who makes this Return. G Lane Tanneyhill

*Address* 129 W Biddle

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17803

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Child

1. *Sex (state whether Male or Female)* Male Child.
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* april 4
4. *Place of Birth (Street and Number)* 34 Henrietta St
5. *Full Name of Mother* Francis Whit
6. *Mother's Maiden Name* Francis Lew
7. *Mother's Birthplace* Ac Mac County Va
8. *Full Name of Father* Cyrus Whit of Ac ~~Mac~~ Cantyfor
9. *Father's Occupation* A Cook in privit family
10. *Father's Birthplace* Ac Mac County Va

*Name of Medical Attendant,* or other Person who makes this Return. Mary J Maklan

*Address* 288 Eu Ave St

*Remarks* Baltimore Md

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17804

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether ~~Male~~ or Female) Female.
2. Race or Color (if not of the white race) Blk.
3. Date of Birth April 2d.
4. Place of Birth (Street and Number) 85 Harmony Lane.
5. Full Name of Mother Martha Contee.
6. Mother's Maiden Name " Reynolds.
7. Mother's Birthplace Balto. City.
8. Full Name of Father Chas R. Contee.
9. Father's Occupation
10. Father's Birthplace Mass.

Name of Medical Attendant, or other Person who makes this Return. J. G. Wiltshire M.D.

Address 398 N. Fayette St.

Remarks

17805

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 2 April |
| *4. Place of Birth (Street and Number)* | 229 Forrest St |
| *5. Full Name of Mother* | Mary E. Cathell |
| *6. Mother's Maiden Name* | Roberts |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James R. Cathell |
| *9. Father's Occupation* | Railroad |
| *10. Father's Birthplace* | Delaware |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T. Chrismer |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

Time any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17806

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 2 April |
| *4. Place of Birth (Street and Number)* | 87 Stirling St |
| *5. Full Name of Mother* | Diana Johnson |
| *6. Mother's Maiden Name* | Smith |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George H Johnson |
| *9. Father's Occupation* | Oyster Selector |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Bruce D Thompson |
| *Address* | No 17 Forest Place |
| *Remarks* | |

That any physician or midwife residing in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City aforesaid, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the fact whether still born or not, the full name, nativity, and residence born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17807

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
5
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April th 2 d 1877 |
| *4. Place of Birth (Street and Number)* | No 3 Hammerbacker Ct |
| *5. Full Name of Mother* | Philipine Wescherfelder |
| *6. Mother's Maiden Name* | " " " Metzger |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Leopold Wescherfelder |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Cathrina Mühneh |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

*That any physician, midwife, or other person in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17808

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 2. 1877.

*4. Place of Birth (Street and Number)* No 13 Butler Erle

*5. Full Name of Mother* Rosine Wagner

*6. Mother's Maiden Name* Rosine Kloman

*7. Mother's Birthplace* Germana.

*8. Full Name of Father* John Wagner

*9. Father's Occupation* Lieberman

*10. Father's Birthplace* Germania

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs M Streng

*Remarks* No 32. Lieutenant Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17809

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th & 5th

*1. Sex (state whether Male or Female)* both girls

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* 2d April 77

*4. Place of Birth (Street and Number)* Fremont St. S.E. Corn. of Saratoga

*5. Full Name of Mother* Katharina Asendorf

*6. Mother's Maiden Name* Katharina Lerch

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Asendorf

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Feninghausen (Braunschweig Germany)

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Feldmann M.D.

*Address* 120 Pearl St. - Baltimore

*Remarks*

17810

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT ABR 14 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2 april 1877

*1. Sex (state whether Male or Female)* female Child

*2. Race or Color (if not of the white race)* malat Child

*3. Date of Birth* april 2 marcanil Cot No 5

*4. Place of Birth (Street and Number)* nerlet Cot No 5

*5. Full Name of Mother* Louisa Henson

*6. Mother's Maiden Name* Louisa Jonson

*7. Mother's Birthplace* Baltimore Cit

*8. Full Name of Father* Jorg Henson

*9. Father's Occupation* weater

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Jr Soper Henson

*Remarks*

135 Cente St

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17811

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 3d 1877
4. *Place of Birth* (Street and Number) № 25 McCulloh St
5. *Full Name of Mother* Mary A Hughes
6. *Mother's Maiden Name* Mary A Seevers
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William J S Hughes
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. E T Howard M D

*Address* № 114 Park Ave

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17812

HEALTH DEPARTMENT
APR 21 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | April 4th 1877 |
| *4. Place of Birth (Street and Number)* | 487 |
| *5. Full Name of Mother* | Emma Frank |
| *6. Mother's Maiden Name* | " Beyer |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Christian Frank |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Kelly |
| *Address* | 48 Holland St |
| *Remarks* | Balto Md |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17818

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 3d, 1877
4. Place of Birth (Street and Number) 354 S. Carolina St.
5. Full Name of Mother Ida Simmons
6. Mother's Maiden Name Ida Cazier
7. Mother's Birthplace Richmond, Va.
8. Full Name of Father Geo. H. Simmons.
9. Father's Occupation Painter
10. Father's Birthplace Cambridge, Md.

Name of Medical Attendant, or other Person who makes this Return. John H. Rehberger, M.D.

Address #243 Alice Anna St.

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

178111

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
9
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 3rd 1877
4. *Place of Birth (Street and Number)* No 40 Raborg st.
5. *Full Name of Mother* Ella White
6. *Mother's Maiden Name* Ella Davis
7. *Mother's Birthplace* Richmond Va.
8. *Full Name of Father* Hezekiah White
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Elizabeth city N. C.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Jane Winnebergen

*Address* 23 N. Liberty st

*Remarks*

---

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17815

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 9 1877
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, ~~2d, 3d, &c~~) | first. |
| *1. Sex* (state whether Male or Female) | Male. |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | April 3. 1877. |
| *4. Place of Birth* (Street and Number) | 264 Cross. Street. Baltimore. Md. |
| *5. Full Name of Mother* | Sarah. F. Harig. |
| *6. Mother's Maiden Name* | Sarah. F. Pontier. |
| *7. Mother's Birthplace* | Gloucester. County. Va. |
| *8. Full Name of Father* | William. F. Harig. |
| *9. Father's Occupation* | Foreman. |
| *10. Father's Birthplace* | Baltimore. Maryland. |
| *Name of Medical Attendant*, or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | Parents Reside 218 Hanover. |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17816

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
9
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d. 9 d |
| *1. Sex (state whether Male or Female)* | Male, Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 3 d, 1877 |
| *4. Place of Birth (Street and Number)* | 21 Gough Stret |
| *5. Full Name of Mother* | Marie Schake |
| *6. Mother's Maiden Name* | Marie Reinhard |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Ferdinand Schake |
| *9. Father's Occupation* | Tayler |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Rudiger |
| *Address* | 1345 Bondstret |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17817

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 6 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Apr. 3. 1877
4. *Place of Birth (Street and Number)* Est Lombardstr No 267
5. *Full Name of Mother* Mary Henkel
6. *Mother's Maiden Name* Mary Langheinrich
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jackob Henckel
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Baupach

*Address* South Wolfstr No 28

*Remarks* Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17818

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 3d of April

*4. Place of Birth (Street and Number)* 193 S. Charles Str.

*5. Full Name of Mother* Maggie

*6. Mother's Maiden Name* Ammenheuser

*7. Mother's Birthplace* Marburg (Hessen Nassau)

*8. Full Name of Father* William Fisse

*9. Father's Occupation* Cabinetmaker

*10. Father's Birthplace* Osnabruck (Hanover)

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Miss Dunler ~~[illegible]~~ 60 Schorter

*Remarks*

Fine any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17819

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Wet
3. *Date of Birth* 3 April ~~10 o'clock~~ Nut
4. *Place of Birth (Street and Number)* 12 Lemon St
5. *Full Name of Mother* Emily Brake
6. *Mother's Maiden Name* Emily Stetz
7. *Mother's Birthplace* Hambresen Germany
8. *Full Name of Father* Henry Stetz Germany
9. *Father's Occupation* Laber
10. *Father's Birthplace* Hambresen

*Name of Medical Attendant,* or other Person who makes this Return. M Dumller

*Address* 60 Shorter

*Remarks*

H Stetz

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17820

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 3 1877
4. Place of Birth (Street and Number) 37 Greenwillow St
5. Full Name of Mother Ann Matilda ~~Coale~~ Cornish
6. Mother's Maiden Name née Coale
7. Mother's Birthplace Charles City Virginia
8. Full Name of Father Thomas Fuller Cornish
9. Father's Occupation Driver
10. Father's Birthplace Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson M.D.

Address 209 W. Biddle St

Remarks

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17821

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 4th 1877

*4. Place of Birth (Street and Number)* N. Charles St near N. Boundary Ave

*5. Full Name of Mother* Susan Emily Williams

*6. Mother's Maiden Name* Susan Emily Tatham

*7. Mother's Birthplace* Accomac Cy. Virginia

*8. Full Name of Father* Zedekiah F. Williams

*9. Father's Occupation* Merchandize Broker

*10. Father's Birthplace* Saulsbury Somerset Cy Maryland

*Name of Medical Attendant,* or other Person who makes this Return. F. E. Cheland M.D.

*Address* N 114 Park Ave

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17822

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Eighth.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th of April
4. *Place of Birth (Street and Number)* 306 Ramsey st near Gilmore
5. *Full Name of Mother* Mary E. Hedley
6. *Mother's Maiden Name* Mary E. Baker
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Antheony Hedley
9. *Father's Occupation* Carpenter to trade
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. M. J. Lman

*Address* No. 850 West mchenry st

*Remarks* Strong healthy

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17823

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* —

3. *Date of Birth* 4th of April

4. *Place of Birth (Street and Number)* 212 Constitution St.

5. *Full Name of Mother* Maggie Benson

6. *Mother's Maiden Name* Edler

7. *Mother's Birthplace* New York

8. *Full Name of Father* Frank Benson

9. *Father's Occupation* Brakeman

10. *Father's Birthplace* Canada

*Name of Medical Attendant, or other Person who makes this Return.* Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

---

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17824

HEALTH DEPARTMENT
APR 9 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (~~*state whether 1st, 2d, 3d, &c.*~~) 5th

*1. Sex* (~~*state whether Male or*~~ *Female*)

*2. Race or Color* (~~*if not of the*~~ *white* ~~*race*~~) —

*3. Date of Birth* April 4th/877

*4. Place of Birth (Street and Number)* 19 Bank St

*5. Full Name of Mother* Margaretta Mullen

*6. Mother's Maiden Name* " Burns

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Darby Mullen

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. A L Shertzer MD

*Address* 11 High St

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17825

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 4 Apr. 1877

*4. Place of Birth (Street and Number)* 32 Balto St.

*5. Full Name of Mother* Mary Norwich

*6. Mother's Maiden Name* Noble

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Henry Norwich

*9. Father's Occupation* Printer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address* 526 E Lombard St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17826

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) —
3. Date of Birth 4th Apr 1877
4. Place of Birth (Street and Number) 76 Cannel St
5. Full Name of Mother Barbara Lubbice
6. Mother's Maiden Name Forster
7. Mother's Birthplace Germany
8. Full Name of Father John Lubbice
9. Father's Occupation Horse shoer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. 52 E Lombard St

Address Sarah Casper

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17827

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Third |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | April 4th 1877 |
| 4. Place of Birth (Street and Number) | No. 27 N. Calhoun St. |
| 5. Full Name of Mother | Mrs. Mary Hambleton |
| 6. Mother's Maiden Name | Clarkeson |
| 7. Mother's Birthplace | Chicago |
| 8. Full Name of Father | J. Douglass Hambleton |
| 9 Father's Occupation | Lawyer (now deceased) |
| 10. Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | Wm. W. Murray M.D. |
| Address | No. 10 N. Carey St. |
| Remarks | |

That any physician, accoucheur, midwife, or other person who advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17828

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3 child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 4 1877

*4. Place of Birth (Street and Number)* Hanover st No 300

*5. Full Name of Mother* Fanny Walker

*6. Mother's Maiden Name* Fanny Wrider

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Samuel Walker

*9. Father's Occupation* drayman

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Anderson

*Address* No 72 Hamburg st

*Remarks* Both Doing Well

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17829

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 10 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Born 4. April 1877
4. Place of Birth (Street and Number) cor. canton avenue and prattfuck all 482
5. Full Name of Mother Maggie ~~[illegible]~~ Krep
6. Mother's Maiden Name Maggie ~~Krep~~ Engleider
7. Mother's Birthplace Germany
8. Full Name of Father John Krep
9. Father's Occupation Labora
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Avnue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17830

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | April 4th 1877 |
| *4. Place of Birth (Street and Number)* | 406 E. Fort ave. |
| *5. Full Name of Mother* | Virginia Burkman |
| *6. Mother's Maiden Name* | da Carman |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Edward Burkman |
| *9. Father's Occupation* | Iron Worker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | W. W. Rawlins M.D |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17831

HEALTH DEPARTMENT APR 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 April 1877
4. *Place of Birth (Street and Number)* 32 East Baltimore
5. *Full Name of Mother* Mary Norwig
6. *Mother's Maiden Name* " Kuppel
7. *Mother's Birthplace* German
8. *Full Name of Father* Henry Norwig
9. *Father's Occupation* Printer
10. *Father's Birthplace* German

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Chapman

*Address* 52 E. Fleming

*Remarks* Died April 9th with Cramps

# RETURN OF A BIRTH.

17832

HEALTH DEPARTMENT APR 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 child |
| *1. Sex (state whether Male or Female)* | girl |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | april 4 1877 |
| *4. Place of Birth (Street and Number)* | 227 durham st |
| *5. Full Name of Mother* | virginia bunch |
| *6. Mother's Maiden Name* | virginia saundess |
| *7. Mother's Birthplace* | virginia |
| *8. Full Name of Father* | william h bunch |
| *9. Father's Occupation* | pile driveging |
| *10. Father's Birthplace* | virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Rachel garrett |
| *Address* | 433 alice anna st |
| *Remarks* | |

*City of Baltimore, shall report to the registrar aforesaid, by the date of birth, sex, and color of the child or children mother still born or not, the full name, nativity, and residence of the mother of such child or children.*

*advise at the birth of any child, within the C within six days thereafter, stating distinctly th born, its or their physical condition, whether of the parents, and the maiden name of the m*

# RETURN OF A BIRTH.

178339

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 4 |
| *4. Place of Birth (Street and Number)* | 249 Eden Street |
| *5. Full Name of Mother* | Alice C. Gardiner |
| *6. Mother's Maiden Name* | do " Burley |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John T. Gardiner |
| *9. Father's Occupation* | Clerke |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Lydia A Cimmer |
| *Address* | 296 E. Madison St |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

178341

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 4th

*4. Place of Birth (Street and Number)* No 134 Barre St. Balto city

*5. Full Name of Mother* Henrietta Running

*6. Mother's Maiden Name* Henrietta Deckman

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Herman Running

*9. Father's Occupation* Shoemaker.

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs M. Strong.

*Remarks* No. 32. Liaeteuhal Street

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17835

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 4th 1877
4. *Place of Birth (Street and Number)* 1 Woodmar st Bal Md
5. *Full Name of Mother* Mrs Laura Braun
6. *Mother's Maiden Name* Montague
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Braun
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Annie Tweedy

*Address* 220 Preston st Balto Md

*Remarks*

17836

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | April 4th 1877. |
| *4. Place of Birth (Street and Number)* | No. 35 Stirling St. |
| *5. Full Name of Mother* | Mary Virginia Braun. |
| *6. Mother's Maiden Name* | Mary Virginia Cameron. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Michael Braun. |
| *9. Father's Occupation* | Lithographic Printer. |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dena Hillegeist. |
| *Address* | No. 182 E. Monument. |
| *Remarks* | |

*City of Baltimore, shall report to the registrar aforesaid, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

17837

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | 2 Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 4th 1877 |
| *4. Place of Birth (Street and Number)* | 132 Preston St |
| *5. Full Name of Mother* | Mary Marsden |
| *6. Mother's Maiden Name* | O'Brien |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Henry Marsden |
| *9. Father's Occupation* | Police Officer |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M.D |
| *Address* | 112 N. Greene |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

17838

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1st.

1. *Sex (~~state whether Male or~~ Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 5th 6 15 A.M. 1877
4. *Place of Birth (Street and Number)* 110 S. High Street
5. *Full Name of Mother* Helen Mar Dustin
6. *Mother's Maiden Name* Helen Mar Hall
7. *Mother's Birthplace* Frederick Co. Maryland
8. *Full Name of Father* Frank Henry Dustin
9. *Father's Occupation* Supt. Law Mill
10. *Father's Birthplace* Tennessee

*Name of Medical Attendant,* or other Person who makes this Return. James E. Dwinelle M.D.

*Address* 299 E. Baltimore St.

*Remarks*

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17839

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth April 5, 77.
4. Place of Birth (Street and Number) 104 Cider al
5. Full Name of Mother Mary Alberta Thompson
6. Mother's Maiden Name unmarried
7. Mother's Birthplace Baltimore Md
8. Full Name of Father ?
9. Father's Occupation ?
10. Father's Birthplace ?

Name of Medical Attendant, or other Person who makes this Return. Lewis M. Eastman

Address 349 Lexington Al

Remarks

17840

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c) | 1 |
| 1. Sex (state whether Male or Female) | female |
| 2. Race or Color (if not of the white race) | Colord |
| 3. Date of Birth | April 5 1877 |
| 4. Place of Birth (Street and Number) | Sarah ann St 65 |
| 5. Full Name of Mother | Emley Watkins |
| 6. Mother's Maiden Name | Emley olton |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | J D Watkins |
| 9. Father's Occupation | alabor in iron |
| 10. Father's Birthplace | andrandik County |
| Name of Medical Attendant, or other Person who makes this Return. | mrs grandry |
| Address | Edinhall St |
| Remarks | Cho 7 |

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17841

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Ap 5th
4. Place of Birth (Street and Number) 104 Vin St
5. Full Name of Mother Lina Shreyer
6. Mother's Maiden Name Lina Eidman
7. Mother's Birthplace Baltimore
8. Full Name of Father Lenard Shreyer
9. Father's Occupation Baker
10. Father's Birthplace Penselvana

Name of Medical Attendant, or other Person who makes this Return. Mrs E Vinclair

Address No 59 Fredrick Av

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17842

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
11
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 5th 1877
4. *Place of Birth (Street and Number)* No 91 Low st
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name* Mary Grase
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Smith
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Hillegrist

*Address* No 182 E Monument st.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17813

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 6th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 5th 1877.
4. *Place of Birth (Street and Number)* No 5 Washington St.
5. *Full Name of Mother* Katie Hoop.
6. *Mother's Maiden Name* Katie Hubbert.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Hoop
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Amend.

*Address* No 137 Wolfe St.

*Remarks* —

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

17844

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | sprayet Baltimore. |
| *1. Sex (state whether Male or Female)* | Male in spadlos |
| *2. Race or Color (if not of the white race)* | it is Hite race. |
| *3. Date of Birth* | 5 aprile 1877. |
| *4. Place of Birth (Street and Number)* | Baltimore alrantanter St 324 |
| *5. Full Name of Mother* | bary benes. |
| *6. Mother's Maiden Name* | bary kotok |
| *7. Mother's Birthplace* | spodlap |
| *8. Full Name of Father* | Mike kotok |
| *9. Father's Occupation* | shoe Maker |
| *10. Father's Birthplace* | spadles |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Kuptish |
| *Address* | 69 Nishton St |
| *Remarks* | second child |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17845

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) . 5th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 5th

4. Place of Birth (Street and Number) 675 Penna Ave

5. Full Name of Mother M. E. Meisel

6. Mother's Maiden Name M. E. Lepson

7. Mother's Birthplace Silver Springs, Penna

8. Full Name of Father L. Meisel

9. Father's Occupation Clerk

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. G. W. Norris

Address Cor. Stricker & Preston City

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17816

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
10
1877
BALTIMORE.

Name of Child: Louis Friedrich Knopp

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ds Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 5. 1877
4. *Place of Birth (Street and Number)* No 2257 St. No 60.
5. *Full Name of Mother* Louise Knopp
6. *Mother's Maiden Name* Louise Miller
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Christian Knopp
9. *Father's Occupation* Baker
10. *Father's Birthplace* Ransstadt, yr. Hessen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Harry E. Miller

*Address* N. Pallas St. No 26.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17847

HEALTH DEPARTMENT APR 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 5th 1877 |
| *4. Place of Birth (Street and Number)* | Harford Road. Balto. Co. |
| *5. Full Name of Mother* | Alice Lisetta Gillingham |
| *6. Mother's Maiden Name* | Harvey |
| *7. Mother's Birthplace* | Richmond Virginia |
| *8. Full Name of Father* | Wm. Jas. Gillingham |
| *9. Father's Occupation* | Car Driver |
| *10. Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. E. Stein, M. D. |
| *Address* | 195 N. Eden St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17848

HEALTH DEPARTMENT APR 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* | 6 to |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Apr. 5. 1877 |
| *4. Place of Birth (Street and Number)* | A. Wolfstr No 54 |
| *5. Full Name of Mother* | Anna Strecker |
| *6. Mother's Maiden Name* | Anna Lauts |
| *7. Mother's Birthplace* | Erlebruns Beiern |
| *8. Full Name of Father* | Georg Strecker |
| *9. Father's Occupation* | Tabor |
| *10. Father's Birthplace* | Markscheidfeld Beiern |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ms. Johanna Raupach |
| *Address* | South Wolfstr No 28 |
| *Remarks* | Midwife |

17849

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Collard

*3. Date of Birth* April 5th

*4. Place of Birth (Street and Number)* Little Monument St no 18

*5. Full Name of Mother* Laura Jones

*6. Mother's Maiden Name* Laura Butler

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Isaac Butler

*9. Father's Occupation* Waiter

*10. Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Ann Maria Dutton

*Address* Little Monument St

*Remarks* This Child was 3 Ours old

And died from Weakness —

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17830

HEALTH DEPARTMENT APR 4 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 of April 1877
4. *Place of Birth (Street and Number)* 325 West Urban st
5. *Full Name of Mother* Kate Shipard
6. *Mother's Maiden Name* Kate Shipard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Rev Robert Adair Shipard
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 11 North Chappel st per John Kunkel

*Remarks* Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 17867

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
18
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 4th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April the 5th 1877 |
| *4. Place of Birth (Street and Number)* | 100 Duncan Alley |
| *5. Full Name of Mother* | Tilly Wheton Bapp |
| *6. Mother's Maiden Name* | Tilly Wheton |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Frederick Bapp |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary L Simms |
| *Address* | 273 Washington Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17852

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex (state whether Male or Female)*
2. ~~*Race or Color*~~ *(if not of the white race)*
3. *Date of Birth* April the 5d.
4. *Place of Birth (Street and Number)* N. Gay Str 162.
5. *Full Name of Mother* Loise Bohnhage.
6. *Mother's Maiden Name* Loise Schäfer
7. *Mother's Birthplace* Prussian Germania
8. *Full Name of Father* August Bohnhage
9. *Father's Occupation* Taylor.
10. *Father's Birthplace* Prussian Germania

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Tommler, 60

*Address* Schroeder Str.

*Remarks*

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17853

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* April 5th

*4. Place of Birth (Street and Number)* 118 Eislan St.

*5. Full Name of Mother* Mary Louisa Einwächter

*6. Mother's Maiden Name* " " Nevern

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Adam Einwächter

*9. Father's Occupation* Carter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dumbler

*Address* No 60 N. Schroeder St.

*Remarks*

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17854

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 5th 1877

*4. Place of Birth (Street and Number)* Lexington No 87

*5. Full Name of Mother* Susa Ann Barth

*6. Mother's Maiden Name* Susa Ann Lindall

*7. Mother's Birthplace* Balto County

*8. Full Name of Father* Christian Edwin Barth

*9. Father's Occupation* Huxster

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dumler

*Address* 67 Shorter

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17855

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 6th of April

*4. Place of Birth (Street and Number)* 93 Oak St.

*5. Full Name of Mother* Mary Ann Collins.

*6. Mother's Maiden Name* " " Lewis

*7. Mother's Birthplace* Ellicott City

*8. Full Name of Father* George Washington Collins.

*9. Father's Occupation* Huxter

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ty of Baltimore, shall report to the registrar aforesaid, e date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

17856

HEALTH DEPARTMENT APR 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 " " |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | April 6" 1877 |
| *4. Place of Birth (Street and Number)* | 14 Hall alley |
| *5. Full Name of Mother* | Sarah Metzdorf |
| *6. Mother's Maiden Name* | " Blackiston |
| *7. Mother's Birthplace* | Balti City |
| *8. Full Name of Father* | Peter Metzdorf |
| *9. Father's Occupation* | Fishmonger |
| *10. Father's Birthplace* | Baltimore city |
| *Name of ~~Medical Attendant~~* or other Person who makes this Return. | Peter Metzdorf |
| *Address* | 14 Hall alley |
| *Remarks* | This child lived 24 hours and died in 8 days |

# RETURN OF A BIRTH.

17857

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 6th

*4. Place of Birth (Street and Number)* 14 Whatcoat

*5. Full Name of Mother* Mary Carrick

*6. Mother's Maiden Name* " Carter

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Wm Carrick

*9. Father's Occupation* Bricklayer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dr Geo. W. Norris

*Address* Cor. Stricker & Prestman

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17858

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 April
4. *Place of Birth (Street and Number)* 46 Central Ave
5. *Full Name of Mother* Karoline Dish
6. *Mother's Maiden Name* Losam
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Dish
9. *Father's Occupation* Schuemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* 70 Granby Street

*Remarks*

17859

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) /
3. Date of Birth April 6th 1877
4. Place of Birth (Street and Number) 306 Madison Ave. Baltimore Md
5. Full Name of Mother Anna T. Bell
6. Mother's Maiden Name Anna T. Hardy
7. Mother's Birthplace Norfolk Va
8. Full Name of Father Alexander T. Bell
9. Father's Occupation Physician
10. Father's Birthplace Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell Md

Address 306 Madison Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17860

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colard

*3. Date of Birth* April 6th

*4. Place of Birth (Street and Number)* Clarkson Al No 78

*5. Full Name of Mother* Margret DeShields

*6. Mother's Maiden Name* Margret Chase

*7. Mother's Birthplace* ~~Ad~~ Cambridge

*8. Full Name of Father* Nathen DeShields

*9. Father's Occupation* Labor

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Susan Butler

*Address* No 173 West St

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17861

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 6th 1877.
4. *Place of Birth (Street and Number)* No 52 Low st.
5. *Full Name of Mother* Maggie Sanders.
6. *Mother's Maiden Name* Maggie Silber.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Sanders
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegust.

*Address* No 162 E Monument St.

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17862

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth April 6th 1877.
4. Place of Birth (Street and Number) No. 100. E. Madison St.
5. Full Name of Mother Mary Trainer.
6. Mother's Maiden Name Mary Cassidy.
7. Mother's Birthplace Ireland.
8. Full Name of Father James Trainer.
9. Father's Occupation House Painter.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist.

Address No. 182. E. Monument St.

Remarks

That any physician, accoucheur, and [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17863

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* Monday apale 11 01 77

1. *Sex (state whether Male or Female)* female 6
2. *Race or Color (if not of the white race)* Color Child
3. *Date of Birth* Born apel the 6 1877
4. *Place of Birth (Street and Number)* Baltimor Sitty Springe St 12
5. *Full Name of Mother* Morror Williams
6. *Mother's Maiden Name* Moror O Brin
7. *Mother's Birthplace* dollis St inor monument 124
8. *Full Name of Father* Japhe O Brin
9. *Father's Occupation* Morbannik
10. *Father's Birthplace* Baltimore Sitty

*Name of Medical Attendant,* or other Person who makes this Return. Soffry Mines

*Address* Chesnet St No 135

*Remarks*

Soffry Mines

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17864

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6th
4. *Place of Birth (Street and Number)* Eutaw St. betw Cross West & Stockholm
5. *Full Name of Mother* Catharina Lerb
6. *Mother's Maiden Name* Henkal
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theodora Lerb
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St.

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17865

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 6th

*4. Place of Birth (Street and Number)* Dorsey Alley No 24

*5. Full Name of Mother* Elizabeth Brauer

*6. Mother's Maiden Name* Betz

*7. Mother's Birthplace* Bauern

*8. Full Name of Father* Henry Brauer Peetz

*9. Father's Occupation* Taylor

*10. Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address* 328 S Eutaw St.

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17866

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 6th April 1877
4. Place of Birth (Street and Number) 17 Little Pine St
5. Full Name of Mother Annie Woodlands
6. Mother's Maiden Name nee Penn
7. Mother's Birthplace Leesburg Va
8. Full Name of Father Garrett Henry Woodlands
9. Father's Occupation driver
10. Father's Birthplace St. Mary's County Md

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 209 W. Biddle St

Remarks

That any physician, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge of any lying-in establishment in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17867

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
25
1877
BALTIMORE

| | | |
|---|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | | Third |
| 1. *Sex* (state whether Male or Female) | | Male |
| 2. *Race or Color* (if not of the white race) | | White |
| 3. *Date of Birth* | | April 6th 1877 |
| 4. *Place of Birth* (Street and Number) | | No 65 Chaptank St |
| 5. *Full Name of Mother* | | Mary A. L. Creswell |
| 6. *Mother's Maiden Name* | | Mary A. L. Clocker |
| 7. *Mother's Birthplace* | | St. Mary's County Maryland |
| 8. *Full Name of Father* | Capt | George Creswell |
| 9. *Father's Occupation* | | Mariner |
| 10. *Father's Birthplace* | | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | | Thomas D. Evans. |
| *Address* | | No 18 Jackson Square |
| *Remarks* | | Balto Md |

17868

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or Female)* Male Child

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* April 7th 1876

*4. Place of Birth (Street and Number)* Winter Street No 19

*5. Full Name of Mother* Elizabeth Spriggs

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Colbert County

*8. Full Name of Father* John Spriggs

*9. Father's Occupation* Scowman

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Caroline Fisher

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17869

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 27 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 7 1877
4. *Place of Birth (Street and Number)* Baltimore cor McMechan Dukes
5. *Full Name of Mother* Mary L Walton
6. *Mother's Maiden Name* Gallings.
7. *Mother's Birthplace* Harford Co md
8. *Full Name of Father*
9. *Father's Occupation* Wm L Walton
10. *Father's Birthplace* Harford Co md

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dorsey

*Address* 83 Oxford St

*Remarks*

17870

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 9 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sprins Baltimore

*1. Sex (state whether Male or Female)* Sprins Male of fanele

*2. Race or Color (if not of the white race)* it is Nite race

*3. Date of Birth* 7 aprile 1877

*4. Place of Birth (Street and Number)* Baltimore donkey aley 24

*5. Full Name of Mother* aney yeadoseak

*6. Mother's Maiden Name* aney kolor

*7. Mother's Birthplace* sprins

*8. Full Name of Father* Jos kolor

*9. Father's Occupation* labror

*10. Father's Birthplace* sprins

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kuptish

*Address* 69 Nishion St

*Remarks* eath child

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17871

HEALTH DEPARTMENT
APR
10
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 7th 1877

*4. Place of Birth (Street and Number)* 166 Lee

*5. Full Name of Mother* Bridget Kelly

*6. Mother's Maiden Name* Bridget Ireland

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Michael Kelly

*9 Father's Occupation* Laborer

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Ward

*Address* 166 Lee St.

*Remarks*

*within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

17872

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 April
4. *Place of Birth (Street and Number)* 135 Baltimore Street
5. *Full Name of Mother* Johanna Lingelbach
6. *Mother's Maiden Name* Bronig
7. *Mother's Birthplace* Germing
8. *Full Name of Father* Charles Lingelbach
9. *Father's Occupation* Trunkmaker
10. *Father's Birthplace* Germeng.

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No 70 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17873

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 7th 1877
4. *Place of Birth (Street and Number)* No 32 S High St Balto
5. *Full Name of Mother* Ella Virginia Elliott
6. *Mother's Maiden Name* " " Layfield
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William H Elliott
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. J. Ridgway Andre M D

*Address* No 121 E Balto St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

178714

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
17
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend any [illegible] in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Ap. 7th 1877 |
| *4. Place of Birth (Street and Number)* | 56 N. Washington St |
| *5. Full Name of Mother* | Annie Dunn |
| *6. Mother's Maiden Name* | Davis |
| *7. Mother's Birthplace* | Beland |
| *8. Full Name of Father* | William Dunn |
| *9. Father's Occupation* | Carter |
| *10. Father's Birthplace* | Beland |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. L. Toms M.D. |
| *Address* | 406 E. Balto. St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17875

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 7th 1877
4. *Place of Birth (Street and Number)* No 123 Saratoga St.
5. *Full Name of Mother* Anna Mary Luthardt.
6. *Mother's Maiden Name* Anna Mary Trull
7. *Mother's Birthplace* Würtemberg
8. *Full Name of Father* Laurens Carl Luthardt
9. *Father's Occupation* Baker
10. *Father's Birthplace* Saxony

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* No 23 N Liberty St

*Remarks*

17876

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colored
3. Date of Birth 7 of April 1877
4. Place of Birth (Street and Number) 41 China St
5. Full Name of Mother Maria Cole
6. Mother's Maiden Name " " Sand
7. Mother's Birthplace Maryland
8. Full Name of Father Edward Sand
9. Father's Occupation Laborer
10. Father's Birthplace West indians

Name of Medical Attendant, or other Person who makes this Return.

Address Lucy Sidney No 1

Remarks Patapsica ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17877

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 7th 1877
4. *Place of Birth (Street and Number)* 102 Boston St.
5. *Full Name of Mother* Katharina Meser
6. *Mother's Maiden Name* Kath. Bachman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Meser
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Ohio

*Name of Medical Attendant,* or other Person who makes this Return. M. Lederer

*Address* 25 S. Durham St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17878

HEALTH DEPARTMENT APR 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. *Sex* (state whether Male or Female) Knab
2. *Race or Color* (if not of the white race) Weiß
3. *Date of Birth* Geboren den 8ten April
4. *Place of Birth* (Street and Number) № 208 Lexington Str
5. *Full Name of Mother* Emma Baumann
6. *Mother's Maiden Name* Emma Walter
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Lorenz Baumann
9. *Father's Occupation* Lagerverwalter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Friederike Kaufmann

*Address* № 178 Corner of Dallas und Eastern Ave

*Remarks* Hemame

17879

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 8 1877
4. *Place of Birth (Street and Number)* Ost Lombardstr No 250
5. *Full Name of Mother* Mary Wehner
6. *Mother's Maiden Name* Mary Finck
7. *Mother's Birthplace* Melzingen Hessen
8. *Full Name of Father* Ignatz Wehner
9. *Father's Occupation* Grocers
10. *Father's Birthplace* Molles Hessen

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Braupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17850

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Withe
3. *Date of Birth* 8 April
4. *Place of Birth* (Street and Number) 274 Bond Street
5. *Full Name of Mother* Marie Muraewska
6. *Mother's Maiden Name* Seild
7. *Mother's Birthplace* Nakel Germany
8. *Full Name of Father* Michael Muraewski
9. *Father's Occupation* ———
10. *Father's Birthplace* Nakel ———

*Name of Medical Attendant*, or other Person who makes this Return. Marie Güttner

*Address* Wolfe Street 245.

*Remarks*

# RETURN OF A BIRTH. 17881

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 12 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)*

*3. Date of Birth* April 8th 1877.

*4. Place of Birth (Street and Number)* 309 E Monument St

*5. Full Name of Mother* Margt German

*6. Mother's Maiden Name* Margt Poisal

*7. Mother's Birthplace* Hedgesville West Va

*8. Full Name of Father* John W German

*9. Father's Occupation* Pharmacist.

*10. Father's Birthplace* Baltimore Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Saml L Powell MD

*Address* No 29 Aisquith St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17882
17883

HEALTH DEPARTMENT
APR
16
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Males Twins
2. *Race or Color* (if not of the white race) Light Brown skin
3. *Date of Birth* April 8. 1877
4. *Place of Birth* (Street and Number) 248 Durham st
5. *Full Name of Mother* Lizzie Sumerville
6. *Mother's Maiden Name* Lizzie Stewart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Sumerville
9. *Father's Occupation* stevadore
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Alice. a. Chaplin

*Address* Baltimore

*Remarks* Md

That any physician, accoucheur, midwife, or other person in charge, who may attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

178811

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2? |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | Apr. 8. |
| *4. Place of Birth (Street and Number)* | Myrtle Ave |
| *5. Full Name of Mother* | Carrie Clifton |
| *6. Mother's Maiden Name* | Carrie Stoffman |
| *7. Mother's Birthplace* | Balt. |
| *8. Full Name of Father* | Robt Clifton |
| *9. Father's Occupation* | Merchant Tailor |
| *10. Father's Birthplace* | Philadelphia |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. H. Wilson |
| *Address* | 157 Madison Ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17886

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* ballard

*3. Date of Birth* April 8th 1877

*4. Place of Birth (Street and Number)* 1½ Lutherry city

*5. Full Name of Mother* Ellenor Boze

*6. Mother's Maiden Name* Ellenor hensly

*7. Mother's Birthplace* Kent county maryland

*8. Full Name of Father* Sick Boze

*9. Father's Occupation* labor

*10. Father's Birthplace* Collort county maryland

*Name of Medical Attendant,* or other Person who makes this Return. C A Warren

*Address* 258 West Raleigh St Baltimore

*Remarks* X mam X X x

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17886

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* Colloru

*3. Date of Birth* April 8 1877

*4. Place of Birth (Street and Number)* Ribe St no one

*5. Full Name of Mother* annie gant

*6. Mother's Maiden Name* annie gant

*7. Mother's Birthplace* Colbert Baty Md

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. C A Warren

*Address* 358 Raborg St

*Remarks* Home

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, [illegible] the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17887

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 8th 1877

*4. Place of Birth (Street and Number)* No 159 N. Central avenue

*5. Full Name of Mother* Catharine Hardung

*6. Mother's Maiden Name* Catharina Haefrig

*7. Mother's Birthplace* Prussia Germany

*8. Full Name of Father* August Hardung

*9. Father's Occupation* Chinet maker

*10. Father's Birthplace* Bavaria Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. J. Butt

*Address* No 181 N. Central avenue 3 door S. of Monument

*Remarks* All Well

# RETURN OF A BIRTH.

17888

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend upon the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | W |
| *3. Date of Birth* | April 8 1877 |
| *4. Place of Birth (Street and Number)* | 486 E. Lombard St. |
| *5. Full Name of Mother* | Anna E. Wilson |
| *6. Mother's Maiden Name* | Anna E. Wingate |
| *7. Mother's Birthplace* | Balto. Maryland |
| *8. Full Name of Father* | Henry Wilson |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | Scotland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary A Allnutt |
| *Address* | 281 McDonogh st |
| *Remarks* | |

# RETURN OF A BIRTH.

17559

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 8 1877
4. *Place of Birth (Street and Number)* 102 N. Washington St
5. *Full Name of Mother* Sarah E. Braddy
6. *Mother's Maiden Name* Sarah E. Sinclair
7. *Mother's Birthplace* Balto Maryland
8. *Full Name of Father* Samuel Brabley
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Atwell

*Address* 286 N Dorcas St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or otherwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17890

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 11th 1877

HEALTH DEPARTMENT
APR
11
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 9th 1877.
4. *Place of Birth (Street and Number)* 119 Bank St.
5. *Full Name of Mother* Christina Gerhardt
6. *Mother's Maiden Name* Christina Credschman.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Theodr Gerhardt
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mc Amend

*Address* No 137 Wolfe St.

*Remarks* Well.

17891

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 9th |
| *4. Place of Birth (Street and Number)* | 635 N. Bay st. |
| *5. Full Name of Mother* | Ellen Walcott. |
| *6. Mother's Maiden Name* | Gardner |
| *7. Mother's Birthplace* | Annapolis Md. |
| *8. Full Name of Father* | Albert Walcott |
| *9. Father's Occupation* | Travelling Agt. |
| *10. Father's Birthplace* | Reistertown Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | W. B. O'Reilly, M.D. |
| *Address* | 635 N. Bay st. |
| *Remarks* | |

17892

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 9th /77 |
| *4. Place of Birth (Street and Number)* | Thames st No. 112 |
| *5. Full Name of Mother* | Elizabeth Reiman |
| *6. Mother's Maiden Name* | Dressel |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Hugo Reiman |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17893

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 9th /77 |
| *4. Place of Birth (Street and Number)* | Dallas st No. 19/3 |
| *5. Full Name of Mother* | Mary Kerrogen |
| *6. Mother's Maiden Name* | " Troskin |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Werner Kerrogen |
| *9. Father's Occupation* | Musician |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17894

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 1st 1877 |
| *4. Place of Birth (Street and Number)* | Rose st No 60 |
| *5. Full Name of Mother* | Maria Hallener |
| *6. Mother's Maiden Name* | Maria Kiens |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Hallener |
| *9 Father's Occupation* | Waiter man |
| *10. Father's Birthplace* | North Carolina |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ann Emily Ball |
| *Address* | No 171 South Chester st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17895

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6 Child

1. *Sex (state whether Male or Female)* Colored

2. *Race or Color (if not of the white race)* Male

3. *Date of Birth* 9th April 1877

4. *Place of Birth (Street and Number)* 9th Hull Lane

5. *Full Name of Mother* Mary E Jones

6. *Mother's Maiden Name* M. E. L

7. *Mother's Birthplace* Carroll Co

8. *Full Name of Father* Jas Jones

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Carroll Co

*Name of Medical Attendant, or other Person who makes this Return.* Rosa Wilson

*Address* No 70 Chestnut

*Remarks* Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17596

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 1st Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | the 9th april 1877 |
| *4. Place of Birth (Street and Number)* | 159 Collington Ave |
| *5. Full Name of Mother* | Margaret A Kelly Morgan |
| *6. Mother's Maiden Name* | Margaret A Kelly |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Charles H Morgan |
| *9. Father's Occupation* | labors |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary L Simms |
| *Address* | No 203 Washington Street |
| *Remarks* | |

17897

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 9 April |
| *4. Place of Birth (Street and Number)* | 11 Market Space |
| *5. Full Name of Mother* | Mary Mahon |
| *6. Mother's Maiden Name* | " Ward |
| *7. Mother's Birthplace* | U. States |
| *8. Full Name of Father* | John Mahon |
| *9. Father's Occupation* | Restaurant Keeper |
| *10. Father's Birthplace* | U. States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper per Pt. |
| *Address* | 22 E. Lombard St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17895

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child, |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 9th 1877. |
| *4. Place of Birth (Street and Number)* | 318 Light St. |
| *5. Full Name of Mother* | Mary L. Ogden |
| *6. Mother's Maiden Name* | " " Brown, |
| *7. Mother's Birthplace* | Balto, Md, |
| *8. Full Name of Father* | Edward Ogden, |
| *9. Father's Occupation* | Tinner, |
| *10. Father's Birthplace* | York, Pa |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. N. Talbot M.D. |
| *Address* | 138 S. Sharp St. |
| *Remarks* | Child living and healthy, |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17899

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2. d,

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 9th 1877.
4. *Place of Birth (Street and Number)* E. Madison st no number.
5. *Full Name of Mother* Lizzie Lowenstein.
6. *Mother's Maiden Name* Lizzie Brandel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Lowenstein
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hilligeist

*Address* No 112 S Monument st.

*Remarks*

# RETURN OF A BIRTH.

17906

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Born at 9 o'clock on the 9th |
| *4. Place of Birth (Street and Number)* | No 549 Light Street |
| *5. Full Name of Mother* | Catherine Gosnell |
| *6. Mother's Maiden Name* | Catherine Garmer |
| *7. Mother's Birthplace* | Tuscarorus Boliva Ohio |
| *8. Full Name of Father* | Joseph. Harrison Gosnell |
| *9. Father's Occupation* | Fireman on B. & O. R.R. |
| *10. Father's Birthplace* | Carroll County Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. E. Harrington M. D. |
| *Address* | 321 Light St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17901

OVER

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2? Clara May |
| *1. Sex (state whether Male or Female)* | Girl |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | Apl 9 |
| *4. Place of Birth (Street and Number)* | 110 Bank St |
| *5. Full Name of Mother* | Marietta (Hattie) Cox |
| *6. Mother's Maiden Name* | " (Hattie) (Martin) Weiant |
| *7. Mother's Birthplace* | Penn |
| *8. Full Name of Father* | Samuel Edwin Cox |
| *9. Father's Occupation* | Bank Clerk |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. Wilson |
| *Address* | 257 Madison Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17902

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5 the

1. *Sex* (state whether Male or Female) genie

2. *Race or Color* (if not of the white race) Withe

3. *Date of Birth* 10 April

4. *Place of Birth* (Street and Number) 23 Seckfer Street

5. *Full Name of Mother* August Szeps

6. *Mother's Maiden Name* Müller

7. *Mother's Birthplace* Marienwerde Germania

8. *Full Name of Father* Fernand Szeps

9. *Father's Occupation*

10. *Father's Birthplace* Köln

*Name of Medical Attendant,* or other Person who makes this Return. Marie Gärttner

*Address* Wolfe Street 245.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17903

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 11 th 1877

HEALTH DEPARTMENT APR 11 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Baltimore April 10 th 1877
4. *Place of Birth (Street and Number)* 15 Castle St
5. *Full Name of Mother* Maggie Rottmann
6. *Mother's Maiden Name* Maggie Sang
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Rottmann.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Arend

*Address* No 137 Wolfe St

*Remarks* c f c

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

179011

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1877 BALTIMORE

Name of Child: Cecelia C. Lautenburger

*No. of Child of Mother* (~~state whether 1st, 2d,~~ 3d, ~~&c.~~)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* April 10th 1877.
4. *Place of Birth (Street and Number)* 177 Germany St.
5. *Full Name of Mother* Elizabeth Lautenberger
6. *Mother's Maiden Name* Elizabeth Shuland.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Lautenberger.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Krozer Ted.

*Address*

*Remarks*

17903

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 11 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Color

*3. Date of Birth* B April 10

*4. Place of Birth (Street and Number)* Beal Court

*5. Full Name of Mother* Sarah Jones

*6. Mother's Maiden Name* Sarah Chery

*7. Mother's Birthplace* Malice Ala

*8. Full Name of Father* Henry H. Chery

*9. Father's Occupation* Tailor

*10. Father's Birthplace* George

*Name of Medical Attendant,* or other Person who makes this Return. Maynard Haywood

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...vise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ithin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1906

HEALTH DEPARTMENT APR 16 1917 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female).* female
2. *Race or Color (if not of the white race)* colrd
3. *Date of Birth* Apr 10
4. *Place of Birth (Street and Number)* 14 Short 2t
5. *Full Name of Mother* Sarah catherine Boon
6. *Mother's Maiden Name* Not married
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. mrs. Lear Johnson

*Address* 110 32 Short st

*Remarks* healthy child

17907

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Forth Child

*1. Sex (state whether Male or Female)* ~~Fem~~ Male Child

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Borne on 10th of April 1877

*4. Place of Birth (Street and Number)* No 763 West Pratt St

*5. Full Name of Mother* Mrs Anine Carl

*6. Mother's Maiden Name* Mrs Anine Stamp

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Frederick Carle

*9. Father's Occupation* Painter

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mr Dumler

*Address* 60 Shorter St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17908

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| 1. *Sex (state whether Male or Female)* | Male. |
| 2. *Race or Color (if not of the white race)* | — |
| 3. *Date of Birth* | April 10th 1877 |
| 4. *Place of Birth (Street and Number)* | 65 Ballen Av. |
| 5. *Full Name of Mother* | Celesia V. Gregory. |
| 6. *Mother's Maiden Name* | " " Tunely. |
| 7. *Mother's Birthplace* | Balto City |
| 8. *Full Name of Father* | Amos J. Gregory. |
| 9. *Father's Occupation* | Uncles. |
| 10. *Father's Birthplace* | Balto City, Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. N. Talbot M.D. |
| *Address* | 158 S. Sharp St. |
| *Remarks* | Child healthy. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17909

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st - |
| *1. Sex (state whether Male or Female)* | Female - |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 10. 1877 |
| *4. Place of Birth (Street and Number)* | 196 Saratoga St |
| *5. Full Name of Mother* | Emily L. VanBuskirk - |
| *6. Mother's Maiden Name* | Ludwig |
| *7. Mother's Birthplace* | Pennsylvania - |
| *8. Full Name of Father* | Harry Van Buskirk - |
| *9 Father's Occupation* | Railroader - |
| *10. Father's Birthplace* | Virginia - |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr W.P. Morgan - |
| *Address* | 175 Saratoga St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17910

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colord race
3. *Date of Birth* April the 10-1877
4. *Place of Birth* (Street and Number) Spring St 86 Baltimore
5. *Full Name of Mother* Henretter Standley
6. *Mother's Maiden Name* Henretter gains
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Moses Standley
9. *Father's Occupation* Whitewasher
10. *Father's Birthplace* Dorchestor County Md

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Regester St 130 Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17911

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
12
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1st. William Nelson Spear

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 10th 10 P.M. 1877 "Tuesday"
4. *Place of Birth* (Street and Number) 919 N. Caroline St
5. *Full Name of Mother* Mary Louisa Cooper Spear
6. *Mother's Maiden Name* Mary Louisa Cooper Fowler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* De Merritt Spear
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Rockland Maine

*Name of Medical Attendant*, or other Person who makes this Return. James E. Donnelly M.D

*Address* 999 E. Baltimore Street

*Remarks* Name added July 15-1935 by William N. Spear

William N. Spear

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17912

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 10 " 2 30 A. M. Box St
4. *Place of Birth (Street and Number)* 122 Bank St
5. *Full Name of Mother* Mary Ann Rogers
6. *Mother's Maiden Name* Mary Ann Durham
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Fred. Rogers
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Delaware

*Name of Medical Attendant,* or other Person who makes this Return. James E Donnelly M D

*Address* 299 E. Baltimore St.

*Remarks*

17913

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 11 1877
BALTIMORE

*No. of Child of Mother* (~~state whether~~ *1st,* ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not of the~~ *white race*)
3. *Date of Birth* April 11th 1877.
4. *Place of Birth (Street and Number)* 9 Edmonson Ave
5. *Full Name of Mother* Isabella Dutton.
6. *Mother's Maiden Name* Isabella McGlaughlin.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Bolley J. Dutton.
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Charles Co. Md

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Krozed M.D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

179144

HEALTH DEPARTMENT APR 19 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 11 of April. 1877.
4. *Place of Birth (Street and Number)* No Patter avnew.
5. *Full Name of Mother* Maggia Wilkinson
6. *Mother's Maiden Name* Maggie Lance
7. *Mother's Birthplace* is Baltimore
8. *Full Name of Father* John Wilkinson
9. *Father's Occupation* a Cigar maker.
10. *Father's Birthplace* is Baltimore.

*Name of Medical Attendant, or other Person who makes this Return.* Theresa Eigeldinger

*Address* No 14 Irvin st

*Remarks*

# RETURN OF A BIRTH.

17915

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 6th |
| *4. Place of Birth (Street and Number)* | 31 N. Bond st |
| *5. Full Name of Mother* | Lizzie Sacks |
| *6. Mother's Maiden Name* | Young |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jacob Sacks |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Lizzie |
| *Address* | 33 S. Bond st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17916

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11th April 1877
4. *Place of Birth* (Street and Number) 50 S. Central avenue, Balto.
5. *Full Name of Mother* Sarah Ezzella Sennaney
6. *Mother's Maiden Name* Sarah Ezzella Sennaney
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Jas. Britton Saunders.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Virginia

*Name of Medical Attendant, or other Person who makes this Return.* B. F. Leonard M.D.

*Address* 317 E. Balto. St. Baltimore.

*Remarks* a case of Imperforate Prepuce for which circumcision had to be performed. L

17917

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 16 1917
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | Apr 11 |
| *4. Place of Birth (Street and Number)* | 30 centerall alp |
| *5. Full Name of Mother* | Charlotte gilliss |
| *6. Mother's Maiden Name* | Charlotte darsey |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | henry gilliss |
| *9. Father's Occupation* | labor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | nurs lear fatmon |
| *Address* | no 32 short st |
| *Remarks* | delicate child |

# RETURN OF A BIRTH.

17918

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 12 1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d. |
| *1. Sex (state whether Male or Female)* | Girl |
| *2. Race or Color (if not of the white race)* | - |
| *3. Date of Birth* | April 11 |
| *4. Place of Birth (Street and Number)* | Poppleton St. |
| *5. Full Name of Mother* | - Merryman |
| *6. Mother's Maiden Name* | - Brown |
| *7. Mother's Birthplace* | Balt. |
| *8. Full Name of Father* | Wesley Merryman |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. M. Wilson |
| *Address* | 251 Madison Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17919

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 10 M |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 11 th |
| *4. Place of Birth (Street and Number)* | 77 South Fremont st |
| *5. Full Name of Mother* | Ellen nova Mortimer |
| *6. Mother's Maiden Name* | Reynolds |
| *7. Mother's Birthplace* | Baltimore city |
| *8. Full Name of Father* | John S Mortimer |
| *9. Father's Occupation* | Shoe maker |
| *10. Father's Birthplace* | Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | A Gerstenberger. |
| *Address* | |
| *Remarks* | |

17920

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* 1 W

*3. Date of Birth* 11 April 1877

*4. Place of Birth (Street and Number)* 137 Cough St.

*5. Full Name of Mother* Rosalige Jelinowski

*6. Mother's Maiden Name* Zmijiceska

*7. Mother's Birthplace* Poland

*8. Full Name of Father* Stanislaus Jelinowski

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Poland

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper per 3

*Address* 52 E Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17921

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 11th 1877
4. *Place of Birth* (Street and Number) 39 E. Washington Street
5. *Full Name of Mother* Ella Roberta Bailey
6. *Mother's Maiden Name* Ella Roberta Gribbs
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Washington Bailey
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto. City

*Name of Medical Attendant*, or other Person who makes this Return. James E. Donnelly M.D

*Address*

*Remarks*

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17922

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 11th 3 1/2 P.M. 1877
4. *Place of Birth* (Street and Number) 243 E. Fayette St
5. *Full Name of Mother* Emma Martin
6. *Mother's Maiden Name* H Emma Kathan
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm. J. W. McLinx
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. James E. Donnelly MD

*Address* 299 E. Baltimore Street

*Remarks*

17923

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* April 11th /77
4. *Place of Birth* (*Street and Number*) Chester st. No. 0 near Monument st.
5. *Full Name of Mother* Anna. Fisher
6. *Mother's Maiden Name* Fuchs
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Mike Fisher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germ

*Name of Medical Attendant,* or other Person who makes this Return. Johanna Schultz

*Address* Midwife

*Remarks* 320 allice anna st.

(Remarks) Premature birth age 7 months.)

# RETURN OF A BIRTH.

17924

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr. 14. 77.
4. *Place of Birth (Street and Number)* 503 Saratoga (N)
5. *Full Name of Mother* Eleanora Smith
6. *Mother's Maiden Name* Lane
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Hamilton Eldora Smith
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Washington D.C.

*Name of Medical Attendant,* or other Person who makes this Return. Lewis McEachman

*Address* Zeig [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17925

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 12 877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 3d

1. *Sex* (*state whether Male or Female*) female.
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* April 11th 1877
4. *Place of Birth* (*Street and Number*) 457 E. Fayette st.
5. *Full Name of Mother* Anna Elizabeth Slattery
6. *Mother's Maiden Name* " " Scanlon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* F. W. Slattery
9. *Father's Occupation* machinist
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. P. G. Dausch M.D.

*Address* 27 N. Broadway

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17926

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
21
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Black |
| *3. Date of Birth* | April 6th. '77 |
| *4. Place of Birth (Street and Number)* | Jenkins al. |
| *5. Full Name of Mother* | Sarah Brown |
| *6. Mother's Maiden Name* | " Banks |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Jno. Brown |
| *9. Father's Occupation* | White-washer |
| *10. Father's Birthplace* | St. Mary's Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Emma Brown |
| *Address* | No. 28 Bolton Pl. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17927

HEALTH DEPARTMENT APR 19 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Mail
2. *Race or Color* (if not of the white race) Ballard
3. *Date of Birth* 12 April
4. *Place of Birth* (Street and Number) 223 Fremont St
5. *Full Name of Mother* Elizabeth Tony
6. *Mother's Maiden Name* Elizabeth Tony
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* Matthias Tony
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Milly Gross

*Address* 181 York St

*Remarks* ———

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17928

HEALTH DEPARTMENT APR 19 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 12th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore N Pratt No 498 |
| *5. Full Name of Mother* | Sarah Elliot |
| *6. Mother's Maiden Name* | Sarah Addison |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Gideon Elliot |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No 122 Parkin st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1929

HEALTH DEPARTMENT
APR
19
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 April
4. *Place of Birth (Street and Number)* Canes Broadway and Eden Street
5. *Full Name of Mother* Catharan Daub
6. *Mother's Maiden Name* Kraty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ludwig Daub
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* 1070 Granby Street

*Remarks*

17930

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

*1. Sex (state whether Male or Female)* femol

*2. Race or Color (if not of the white race)* ballard

*3. Date of Birth* april 12 1817

*4. Place of Birth (Street and Number)* No 13 Stobtom aly

*5. Full Name of Mother* Sarah Boyd

*6. Mother's Maiden Name* Sarah Gashry

*7. Mother's Birthplace* Carroll Co Md

*8. Full Name of Father* William

*9. Father's Occupation* Copper

*10. Father's Birthplace* South Hobart

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* 225 W Pabaree

*Remarks* X X X X X X X X X

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17931

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 7.

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 12th 1877.

*4. Place of Birth (Street and Number)* No — Eastern Av Balto

*5. Full Name of Mother* Eliza Obersicktzki

*6. Mother's Maiden Name* " Blum

*7. Mother's Birthplace* Posen, Russia

*8. Full Name of Father* Joseph Obersicktzki

*9. Father's Occupation* Restaurant Keeper

*10. Father's Birthplace* Posen Russia

*Name of Medical Attendant,* or other Person who makes this Return. J Ridgway Andrew MD

*Address* No 121 E Balto street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17932

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 10
1907
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 10th Henrietta Regina Medinger. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 12th |
| *4. Place of Birth (Street and Number)* | S.W. Cor Forest & Front Sts |
| *5. Full Name of Mother* | Hannah Medinger |
| *6. Mother's Maiden Name* | Hannah Pfaff. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Augustus C Medinger |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm. Whitridge M.D. |
| *Address* | |
| *Remarks* | Name added November 24-1926 by undersigned. C.B.O. |

Henrietta R. Medinger

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17933

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 14th 1877

HEALTH DEPARTMENT APR 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 12th 1877
4. *Place of Birth (Street and Number)* 423 New Alicander St.
5. *Full Name of Mother* Erstin Hagedorn.
6. *Mother's Maiden Name* Erstin Kurbats.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Hagedorn
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend

*Address* No 137 Wolfe St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17934

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE MD

*No. of Child of Mother* (state whether ~~1st, 2d~~, ~~3d, &c.~~) 8th

*1. Sex* (~~state whether Male or~~ *Female*)

*2. Race or Color* (~~if not of the~~ *white* ~~race~~)

*3. Date of Birth* April 12th 1877

*4. Place of Birth* (Street and Number) 84 Eastern Av

*5. Full Name of Mother* Catherine Hackett

*6. Mother's Maiden Name* " McGrath

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* James Hackett

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. A Troy Shertzer M.D.

*Address* 118 High St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17935

HEALTH DEPARTMENT
MAY
4
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | No. 10. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Apr. 12th 1877 |
| *4. Place of Birth (Street and Number)* | 455 N Gay St. |
| *5. Full Name of Mother* | Francis Ann Hunter |
| *6. Mother's Maiden Name* | " " Bryson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Thomas Hunter |
| *9. Father's Occupation* | Cigar Manufacturer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | G. W Grayson |
| *Address* | 18 Hisquith St |
| *Remarks* | |

# RETURN OF A BIRTH.

17936

HEALTH DEPARTMENT MAY 4 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | No. 1 |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | Apr. 12th 1877 |
| 4. *Place of Birth* (Street and Number) | 107 E. Eager. |
| 5. *Full Name of Mother* | Elizabeth Boon |
| 6. *Mother's Maiden Name* | Allen |
| 7. *Mother's Birthplace* | Virginia |
| 8. *Full Name of Father* | John Boon |
| 9. *Father's Occupation* | Travelling Agent |
| 10. *Father's Birthplace* | Georgia. |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. W. Wayson. |
| *Address* | 18 Aisquith St. |
| *Remarks* | |

17937

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Her Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 13th 1877
4. *Place of Birth (Street and Number)* Rice Ann St. No 190
5. *Full Name of Mother* Elisabetha Hentz
6. *Mother's Maiden Name* Elisabetha Goetz
7. *Mother's Birthplace* Hessel. Gr. Hessen. Germany
8. *Full Name of Father* Adam Hentz
9. *Father's Occupation* Lock.smith
10. *Father's Birthplace* Lothaubten. Gr. Hessen. Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17938

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE

Twin # 1 : William Robert Cosgrove

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male (Twins) |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April the 13th 1877 |
| *4. Place of Birth (Street and Number)* | 393 Central av. |
| *5. Full Name of Mother* | Virginia Cosgrove |
| *6. Mother's Maiden Name* | " " Wilson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas Cosgrove |
| *9. Father's Occupation* | Fireman on a Steamer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | R W. Mansfield |
| *Address* | 117 S. Broadway |
| *Remarks* | |

17939

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 13th
4. Place of Birth (Street and Number) Penn av ab Biddle
5. Full Name of Mother Letitia Stanglin
6. Mother's Maiden Name Letitia
7. Mother's Birthplace England
8. Full Name of Father Geo. O. Stanglin
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Kneass Md

Address 131 N Charles

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17940

HEALTH DEPARTMENT APR 16 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* April 13th 1877 7 x 25 P. M.

4. *Place of Birth* (Street and Number) No 74 N. Paca Street

5. *Full Name of Mother* Mary Elizabeth Keirle

6. *Mother's Maiden Name* Mary Elizabeth Jones

7. *Mother's Birthplace* Saints Michaels Talbot County Md

8. *Full Name of Father* Nathaniel Garland Keirle Jr

9. *Father's Occupation* Practitioner of Medicine

10. *Father's Birthplace* Baltimore City Maryland

*Name of Medical Attendant,* or other Person who makes this Return. N. G. Keirle M D.

*Address* No 74 North Paca Street

*Remarks*

---

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*rect Record of Vital Statistics in the City of Baltimore.*

# RETURN OF A BIRTH.

17911

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* 1

1. *Sex (state whether Male or ~~Female~~)*

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 13, 1877

4. *Place of Birth (Street and Number)* 37 S. Potomac st

5. *Full Name of Mother* Martha Ella Heckrotte

6. *Mother's Maiden Name* " " Moran

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Wm. T. Heckrotte

9. *Father's Occupation* Mechanic

10. *Father's Birthplace* Montgomery Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. H. L. Skinner

*Address* 879 W. Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17942

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
16
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 13 April |
| *4. Place of Birth (Street and Number)* | No 11 Madison Court |
| *5. Full Name of Mother* | Catharine Jefferson |
| *6. Mother's Maiden Name* | Clayton |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | William Jefferson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula F Thompson |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

17913

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 14 1877
BALTIMORE MD

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 13th of April 1877
4. *Place of Birth* (Street and Number) Jenkins Alley 93
5. *Full Name of Mother*
6. *Mother's Maiden Name* Ellen Clayton
7. *Mother's Birthplace* Easton Md
8. *Full Name of Father* John Wells
9. *Father's Occupation*
10. *Father's Birthplace* Easton Md

*Name of Medical Attendant,* or other Person who makes this Return. Ann Moody

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17941

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
16
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 April 187
4. *Place of Birth (Street and Number)* 23 Watson St
5. *Full Name of Mother* Fannie Lunch
6. *Mother's Maiden Name* Wayman
7. *Mother's Birthplace* U. States of America
8. *Full Name of Father* Philip Lunch
9. *Father's Occupation* Waiter
10. *Father's Birthplace* U. States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casperson D.

*Address* 52 E Lombard St.

*Remarks*

**Fee Record of Vital Statistics to the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 17.945

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 17 days old Maryland 30th of April

1. Sex (state whether Male or Female) Girl Child Mary Frances Butler
2. Race or Color (if not of the white race) Colored People
3. Date of Birth Born 1877 on friday evining at 4½ o'clock 13th April
4. Place of Birth (Street and Number) Baltimore Branens Court No 11
5. Full Name of Mother Luisia Butler
6. Mother's Maiden Name Luisia Hireard
7. Mother's Birthplace Prince Georgias County
8. Full Name of Father Richard Butler
9. Father's Occupation Oyster shuker but he has gone away
10. Father's Birthplace Prince Georgias County

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson I have delivered my message safe

Address

Remarks Annie Johnson is the granna of this child

This any physician, or other person who shall be in charge of any child, or any person who shall have the same in charge, is hereby advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17946

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR 23 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 Colored Child |
| *1. Sex (state whether Male or Female)* | Male Child |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Born April 13 1877 |
| *4. Place of Birth (Street and Number)* | No 69 Chestnut Street |
| *5. Full Name of Mother* | Lucretia Webster |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore MD |
| *8. Full Name of Father* | John Webster |
| *9. Father's Occupation* | Farmer |
| *10. Father's Birthplace* | Baltimore MD |
| *Name of Medical Attendant, or other Person who makes this Return.* | Harriet Jackson |
| *Address* | No 76 Chestnut Street |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11917

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 13th 1877 |
| *4. Place of Birth (Street and Number)* | S. W. cor Mosher & Calhoun Sts |
| *5. Full Name of Mother* | Fannie J. Scott |
| *6. Mother's Maiden Name* | Bell |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Wm J. Scott |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | N. W. cor Hanover & Barre Sts |
| *Remarks* | |

# RETURN OF A BIRTH.

17915

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Son |
| *1. Sex (state whether Male or Female)* | Single |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 13th 1877 |
| *4. Place of Birth (Street and Number)* | 30 Ninth St |
| *5. Full Name of Mother* | Elizabeth Welsh |
| *6. Mother's Maiden Name* | Elizabeth Felsberger |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Timothy Welsh |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17919

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
18
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14th 1877
4. *Place of Birth (Street and Number)* N. Bond St. No 60.
5. *Full Name of Mother* Virginie Spamer
6. *Mother's Maiden Name* Virginie DeSteiger
7. *Mother's Birthplace* Fredericksburg Va.
8. *Full Name of Father* William Spamer
9. *Father's Occupation* Sugarer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Dr Harry E. Keller

*Address* N. Dallas St. No 26.

*Remarks*

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17950

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Born on the 14 Day of April
4. Place of Birth (Street and Number) Baltimore Chesnut St No 153
5. Full Name of Mother Hannah Elizabeth Elliott
6. Mother's Maiden Name Hannah Elizabeth Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father John Thomas Elliott
9. Father's Occupation Com H Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Chapman

Address No 51 Tolles opposite union Jeffery

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17951

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14th 1877.
4. *Place of Birth (Street and Number)* No. 221 Caroline st
5. *Full Name of Mother* Kate Wright
6. *Mother's Maiden Name* Kate Rountree.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* George Wright.
9. *Father's Occupation* Policeman.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 182 E Monument.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17952

HEALTH DEPARTMENT APR 19 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

Child of Mother (state whether 1st, 2d, 3d, &c.) 3

(state whether Male or Female) Female

or Color (if not of the white race) White

of Birth 14 April 1877

e of Birth (Street and Number) 73 Chapel St

Name of Mother M E Johnson

er's Maiden Name M E Brown

her's Birthplace Baltimore City

Name of Father James R Johnson

er's Occupation Plumer

er's Birthplace Baltimore Co

me of Medical Attendant, or other Person who makes this Return. Henrietta A Glaslol

dress Extreme End Mcaldry St

marks

17953

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14 th 1877
4. *Place of Birth (Street and Number)* No 71 Pratt st
5. *Full Name of Mother* Annie Fool
6. *Mother's Maiden Name* Annie Handler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Fool
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hellquist

*Address* No 182 E monument st

*Remarks*

**rect Record of Vital Statis**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17954

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 nd

1. Sex (state whether Male or Female) fee male Chid
2. Race or Color (if not of the white race) Colord Chid
3. Date of Birth sant jenes t
4. Place of Birth (Street and Number)
5. Full Name of Mother marry money
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father dich money
9. Father's Occupation dramond
10. Father's Birthplace Baltimor Cit

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks to Soper Jennes 135 Cizut

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17955

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
16
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 14 April 1877 |
| *4. Place of Birth (Street and Number)* | 14 Patterson Pk. |
| *5. Full Name of Mother* | Annie Eliza Weimer |
| *6. Mother's Maiden Name* | " Brahmer |
| *7. Mother's Birthplace* | U. States |
| *8. Full Name of Father* | Fred Weimer |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | U. States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casperfer D. |
| *Address* | 52 E. Lombard St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17956

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 14th 1877 |
| *4. Place of Birth (Street and Number)* | 12 Ridgley St |
| *5. Full Name of Mother* | Leria Dennis |
| *6. Mother's Maiden Name* | Hauck |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Henry Carter Dennis |
| *9. Father's Occupation* | Cabinetmaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elias C Price M.D. |
| *Address* | 262 Madison Ave |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17957

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 14th 1877
4. *Place of Birth (Street and Number)* No 179 S Gilford str
5. *Full Name of Mother* Sophia Leidler
6. *Mother's Maiden Name* " Adah.
7. *Mother's Birthplace* City
8. *Full Name of Father* Wm Leidler
9. *Father's Occupation* Teacher
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs E Buchmann

*Address* 120 Bank st.

*Remarks*

17958

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 6th child |
| 1. Sex (state whether Male or Female) | female |
| 2. Race or Color (if not of the white race) | april 14th |
| 3. Date of Birth | colored |
| 4. Place of Birth (Street and Number) | no 18 hill St |
| 5. Full Name of Mother | christineid sanders |
| 6. Mother's Maiden Name | christineid jones |
| 7. Mother's Birthplace | colbert county |
| 8. Full Name of Father | henry sanders |
| 9. Father's Occupation | sailor |
| 10. Father's Birthplace | colbert county |
| Name of Medical Attendant, or other Person who makes this Return. | mrs Lydia Porter |
| Address | no 4 pap ts co ave |
| Remarks | ~~[illegible]~~ healthy child |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17959

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
1
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 2nd child |
| 1. *Sex* (*state whether Male or Female*) | male |
| 2. *Race or Color* (*if not of the white race*) | colored |
| 3. *Date of Birth* | aprile 10th |
| 4. *Place of Birth* (*Street and Number*) | 104 plumballey |
| 5. *Full Name of Mother* | anna gwen |
| 6. *Mother's Maiden Name* | anna gwen |
| 7. *Mother's Birthplace* | colord county |
| 8. *Full Name of Father* | John Lewis |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace* | baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | nurs Lydia Porter |
| *Address* | no 4 pratt corner |
| *Remarks* | healthy child |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17960

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14 April |
| *4. Place of Birth (Street and Number)* | 196 West 11 |
| *5. Full Name of Mother* | Mary Kies |
| *6. Mother's Maiden Name* | Kohler |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Ernst Kies |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Krow |
| *Address* | 328 S Eutaw? |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17961

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 20 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 Apr 1877
4. Place of Birth (Street and Number) 16 Rose St
5. Full Name of Mother Amy Owens
6. Mother's Maiden Name Amy Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Owens
9. Father's Occupation Can Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elvy Fray

Address 193 So Chester St

Remarks Helthy Child

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17962

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 20 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* the mother of five

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 14 of april
4. *Place of Birth (Street and Number)* no 16 south dallas st
5. *Full Name of Mother* a Streeter odell
6. *Mother's Maiden Name* [illegible] Jones
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* george odell
9. *Father's Occupation* laber
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* no 94 south dallas st

*Remarks*

17963

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 15 1877
4. Place of Birth (Street and Number) 170 Bufferin avenue Baltimore
5. Full Name of Mother Mary C Lambert
6. Mother's Maiden Name Mary E Taylor
7. Mother's Birthplace Baltimore
8. Full Name of Father William Henry Lambert
9. Father's Occupation Calker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

179611

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 6th. |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | April 15. 1877 |
| 4. Place of Birth (Street and Number) | 317 Argyle Avenue |
| 5. Full Name of Mother | A. L. Sturz |
| 6. Mother's Maiden Name | Shipley |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | G. W. P. Sturz |
| 9. Father's Occupation | Engraver |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | J. T. Stansbury, M.D. |
| Address | Towsontown, Md. |
| Remarks | |

17965

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 17th 1877.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1877.
4. *Place of Birth (Street and Number)* 320 Alice Anna St.
5. *Full Name of Mother* Annia Schibitki.
6. *Mother's Maiden Name* Annie Jenkiwitz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Schibitki.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mary Amend.

*Address* No 137 Wolfe St.

*Remarks* —

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17966

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 15 of April 1877
4. *Place of Birth (Street and Number)* No. 76 Frederick Av.
5. *Full Name of Mother* Maggie Wehrheim
6. *Mother's Maiden Name* Maggie Rise
7. *Mother's Birthplace* born in the City of Balto
8. *Full Name of Father* Phileph Wehrheim
9. *Father's Occupation* Plumber
10. *Father's Birthplace* born in the City of Balto

*Name of Medical Attendant,* or other Person who makes this Return. Miss Hiller

*Address* No. 57 Smallwood St.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17967

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
19
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 15th |
| *4. Place of Birth (Street and Number)* | Baltimor. Charles Stret. No. 246. South |
| *5. Full Name of Mother* | Sophia. Shuman |
| *6. Mother's Maiden Name* | Sopha Buchman |
| *7. Mother's Birthplace* | Baltimor |
| *8. Full Name of Father* | Otto. Wm. Shuman |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Scarbrough |
| *Address* | 15 236. Montgomery Street |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17968

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1877
4. *Place of Birth (Street and Number)* No 177 East st
5. *Full Name of Mother* Mary Medat.
6. *Mother's Maiden Name* Mary Smith.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Medat.
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 182 E monument st.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17969

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born on the 15th of April 1877
4. *Place of Birth (Street and Number)* Baltimore City Durham
5. *Full Name of Mother* Laura Hans
6. *Mother's Maiden Name* Laura Sawyer
7. *Mother's Birthplace* Calvert County Maryland
8. *Full Name of Father* Jesse Hans
9. *Father's Occupation* Works in Sugar House Baltimore
10. *Father's Birthplace* Calvert County

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Sawyer

*Address* 373 West St Baltimore

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health of the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17970

HEALTH DEPARTMENT MAY 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

*1. Sex* (~~*state whether Male or*~~ *Female*)

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 13th 1877

*4. Place of Birth (Street and Number)* No 4. S. Ann st

*5. Full Name of Mother* Sarah Binnie

*6. Mother's Maiden Name* " Moor

*7. Mother's Birthplace* Balti City

*8. Full Name of Father* James Binnie

*9 Father's Occupation* Merchant

*10. Father's Birthplace* Balti

*Name of Medical Attendant,* or other Person who makes this Return. James A Stewart

*Address* 93 Park ave

*Remarks* natural.

# RETURN OF A BIRTH.

17971

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 15th April 1877.
4. Place of Birth (Street and Number) 346 McDonough Street.
5. Full Name of Mother Francis Susannah Stockdale,
6. Mother's Maiden Name " Susanna Ray,
7. Mother's Birthplace Baltimore Md,
8. Full Name of Father Fletcher Gorsuch Stockdale,
9. Father's Occupation Merchant,
10. Father's Birthplace Carroll County Md

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd, M.D.

Address 139, N. Arlington Avenue Baltimore,

Remarks Natural labor vertex presentation,

Mother & infant doing well,

**Extract Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17972

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 15th 1877. |
| *4. Place of Birth (Street and Number)* | 181 S. Paca St. |
| *5. Full Name of Mother* | Ella Ross. |
| *6. Mother's Maiden Name* | " Berger. |
| *7. Mother's Birthplace* | Alexandria Va. |
| *8. Full Name of Father* | Geo Ross. |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. W. Tall. M.D. |
| *Address* | 158 S. Sharp St |
| *Remarks* | Still born. |

**Return Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchaur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17973

HEALTH DEPARTMENT
APR
20
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Abril 15th 1877
4. *Place of Birth (Street and Number)* 26 Mc. Altere Street
5. *Full Name of Mother* Marie Grob
6. *Mother's Maiden Name* M. Sauge
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Jakob Fr. Grob
9. *Father's Occupation* Reverent
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Rudiger

*Address* 134 n Bond stret

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract from Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17974

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 15th 1877 |
| *4. Place of Birth (Street and Number)* | 33 Albemarle St |
| *5. Full Name of Mother* | ~~Magdalena~~ Rosa Erdmann |
| *6. Mother's Maiden Name* | Meibolzer |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Erdmann |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Reis Midwife |
| *Address* | Frederick St. bet. Fayette & Gay |
| *Remarks* | |

# RETURN OF A BIRTH.

17975

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Col'd |
| *3. Date of Birth* | April 15th 1877 |
| *4. Place of Birth (Street and Number)* | 89 Sarah Ann St |
| *5. Full Name of Mother* | Amelia Ann Parker |
| *6. Mother's Maiden Name* | " " Seeney. |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | James T. Parker |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Hannah Ann Savage |
| *Address* | 116 Sarah Ann St |
| *Remarks* | This Child Lived only Eleven days & died of Convulsions |

**Extract Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17976

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
23
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15 B 1877
4. *Place of Birth (Street and Number)* 165 Central Street
5. *Full Name of Mother* Mary Wittek
6. *Mother's Maiden Name* S —
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Wittek
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Leonh Thomas

*Address* No 71 Burgundy Alley

*Remarks*

*Extract Regulations of the Board of Health of the City of Baltimore.*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

17977

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** April 17th 1877

HEALTH DEPARTMENT
APR
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 16th 1877
4. *Place of Birth (Street and Number)* 61 Madeira Alley.
5. *Full Name of Mother* Louisa Glames.
6. *Mother's Maiden Name* Louisa Steinbach
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Glames
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Arend.

*Address* No 157 Wolfe St

*Remarks*

**Extract from Regulations of the Board of Health to secure a Perfect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18978

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
19
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child.
1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* the 16 of April 18.77.
4. *Place of Birth (Street and Number)* No 23 Dakota st.
5. *Full Name of Mother* Lidyna Bohn
6. *Mother's Maiden Name* Lidyna Thalter.
7. *Mother's Birthplace* in Pensivania.
8. *Full Name of Father* John Bohn.
9. *Father's Occupation* a un Boarod
10. *Father's Birthplace* in Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Theresa Eigelsinger
*Address* No 14 Union st
*Remarks* —

***Extract Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17979

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White race
3. Date of Birth the 16 of April 1879.
4. Place of Birth (Street and Number) No 87. Gordan st
5. Full Name of Mother Mary Eabole.
6. Mother's Maiden Name Mary Entage.
7. Mother's Birthplace in Baltimore.
8. Full Name of Father Andrews Eabole.
9. Father's Occupation a Gardner
10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theresa Eigeldinger

Address No 14 Union st.

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17980

HEALTH DEPARTMENT APR 17 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 11th |
| *1. Sex* (*state whether Male or Female*) | F |
| *2. Race or Color* (*if not of the white race*) | W |
| *3. Date of Birth* | April 16 1877 |
| *4. Place of Birth* (*Street and Number*) | N° Dond Hill ad |
| *5. Full Name of Mother* | Sally Hutchinson |
| *6. Mother's Maiden Name* | Pumile |
| *7. Mother's Birthplace* | E. S. of Md. |
| *8. Full Name of Father* | J. G. Hutchinson |
| *9. Father's Occupation* | Trader |
| *10. Father's Birthplace* | E. S. of Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Richard McSherry M.D. |
| *Address* | 189 N Howard st |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17951

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
3
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 of April
4. *Place of Birth (Street and Number)* 132 S. Fremont Road
5. *Full Name of Mother* Christiana Schmincke
6. *Mother's Maiden Name* Christiana Feigenbaum
7. *Mother's Birthplace* Darmstadt (Hessen)
8. *Full Name of Father* Charles Henry Schmincke
9. *Father's Occupation* Brassfinisher
10. *Father's Birthplace* Giessen (Hessen)

*Name of Medical Attendant,* or other Person who makes this Return. Miss Decker

*Address* 439 W Pratt St

*Remarks*

---

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17982

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 16 April

*4. Place of Birth (Street and Number)* 234 S Eutaw St

*5. Full Name of Mother* Berlina Kelly

*6. Mother's Maiden Name* Muhl

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Kelly

*9. Father's Occupation* Ireland

*10. Father's Birthplace* Glass Blower

*Name of Medical Attendant,* or other Person who makes this Return. Mary Krohn

*Address* 328 S Eutaw St.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17983

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
21
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Third Child |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | April 16th |
| *4. Place of Birth* (Street and Number) | No 283 William St Baltimore |
| *5. Full Name of Mother* | Margaret Elliott |
| *6. Mother's Maiden Name* | Mary Ann Kane |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | George Elliott |
| *9. Father's Occupation* | Day laboring man |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Thos Conway |
| *Address* | 131 Battery Ave |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

17984

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPAR
APR
21
1877
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 16th |
| *4. Place of Birth (Street and Number)* | 55 Woodward St. |
| *5. Full Name of Mother* | Emilia Reining |
| *6. Mother's Maiden Name* | Burch |
| *7. Mother's Birthplace* | Washington |
| *8. Full Name of Father* | Jno Reining |
| *9. Father's Occupation* | Farmer |
| *10. Father's Birthplace* | Washington |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Stoch |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17983

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
26
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | White Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 16th 1877 |
| *4. Place of Birth (Street and Number)* | 190 South ann St Balto Md |
| *5. Full Name of Mother* | Mary E Wortham |
| *6. Mother's Maiden Name* | Mary E Barker |
| *7. Mother's Birthplace* | Baltimore MD |
| *8. Full Name of Father* | Albert E Wortham |
| *9. Father's Occupation* | Teamster |
| *10. Father's Birthplace* | Baltimore MD |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park avnue |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17986

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* — Third

*1. Sex (state whether Male or Female)* — Girl female Denia

*2. Race or Color (if not of the white race)* — White

*3. Date of Birth* Monday April 16 at 2 o'clock

*4. Place of Birth (Street and Number)* Chapworth & Sartoga

*5. Full Name of Mother* Mrs Annie Schroot

*6. Mother's Maiden Name* " " Baus

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Mr Jacob Schroot

*9. Father's Occupation* Labor

*10. Father's Birthplace* Bury & Philadelphia

*Name of Medical Attendant,* or other Person who makes this Return. Summerfield

*Address* Penna Ave

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17987

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 19 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* April 17
4. *Place of Birth (Street and Number)* 15 2hard st
5. *Full Name of Mother* Sarah pinkett
6. *Mother's Maiden Name* Sarah nelson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph pinkett
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. mrs lear johnson

*Address* no 32 market st

*Remarks* healthy child

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17988

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 18 77.

HEALTH DEPARTMENT APR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17th 1877.
4. *Place of Birth (Street and Number)* 121 Wolfe St.
5. *Full Name of Mother* Christiana Herget.
6. *Mother's Maiden Name* Christiana Krautwein.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Herget.
9. *Father's Occupation* cooper.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mary Amend.

*Address* No 137 Wolfe St.

*Remarks* —

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17989

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 18 1877

HEALTH DEPARTMENT APR 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17th 1877.
4. *Place of Birth (Street and Number)* 138 Bank St.
5. *Full Name of Mother* Atlina Miener.
6. *Mother's Maiden Name* Atlina Burger.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* ~~George~~ Louis Miener.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend.

*Address* No 137 Wolfe St

*Remarks* —

17990

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 4 |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | Apl 17th 1877 |
| 4. *Place of Birth* (Street and Number) | Little Monument |
| 5. *Full Name of Mother* | Mary Sheppard |
| 6. *Mother's Maiden Name* | " Kennard |
| 7. *Mother's Birthplace* | Balto |
| 8. *Full Name of Father* | Wm T. Sheppard |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ann Daffy |
| *Address* | 17 Little Monument |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17991

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 19 April 1877

*4. Place of Birth (Street and Number)* 429 Fayette St.

*5. Full Name of Mother* Emily Platz

*6. Mother's Maiden Name* Eckenbank

*7. Mother's Birthplace* U. States of America

*8. Full Name of Father* Andrew Platz

*9. Father's Occupation* Restaurant Keeper

*10. Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casperfe Jr.

*Address* 31 E. Lombard St.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17992

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 17th 1877
4. Place of Birth (Street and Number) No 433 Canton Ave
5. Full Name of Mother Carolina Haas
6. Mother's Maiden Name " Krug
7. Mother's Birthplace German
8. Full Name of Father Martin Haas
9. Father's Occupation Laborer
10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushman

Address 120 Bank Sta.

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17993

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* April 17th 1877

*4. Place of Birth (Street and Number)* No 381 Charles st.

*5. Full Name of Mother* Barbara Hoeflich

*6. Mother's Maiden Name* Smith

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Bernardt Hoeflich

*9. Father's Occupation* storekeeper

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* 213 Cross st.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17991

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 & Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 17 & 1877 |
| *4. Place of Birth (Street and Number)* | 2183 Hughes st. |
| *5. Full Name of Mother* | Anna Eckhardt |
| *6. Mother's Maiden Name* | Forer |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Henry Eckhardt |
| *9. Father's Occupation* | Tanmaker |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schroeder midwife |
| *Address* | 13 Cross st |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

17995

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 20 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* the mother of 11

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 17 of april
4. *Place of Birth (Street and Number)* no 11 north dallas st
5. *Full Name of Mother* Severen acount
6. *Mother's Maiden Name* Severen Stall
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* George Lecount
9. *Father's Occupation* laser
10. *Father's Birthplace* Baltimore md

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* no 98 north dallas st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17996

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 17th 1877 |
| *4. Place of Birth (Street and Number)* | 85 Molken Street |
| *5. Full Name of Mother* | Kathrien Flint |
| *6. Mother's Maiden Name* | Kathriene Rutter |
| *7. Mother's Birthplace* | Germane |
| *8. Full Name of Father* | Johan Flint |
| *9. Father's Occupation* | Schmit |
| *10. Father's Birthplace* | Germane |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Rudiger |
| *Address* | 134 N Bond Street |
| *Remarks* | |

Laumea

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17997

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 17 April 1

*4. Place of Birth (Street and Number)* 46 Exeter Street

*5. Full Name of Mother* Lorette Hoffmann

*6. Mother's Maiden Name* Miller

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Wilhelm Henry Hoffmann

*9. Father's Occupation* Mone

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* 1070 Granby Hall

*Remarks*

17995

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 18th 1877.

4. *Place of Birth (Street and Number)* No 15 Chesnut st

5. *Full Name of Mother* Mary Smith

6. *Mother's Maiden Name* Mary Anderson

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Smith

9. *Father's Occupation* Saloon Keeper.

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mena Fullegrist.

*Address* No 182 E monument st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17999

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 18th 1877 |
| *4. Place of Birth (Street and Number)* | No 166 Lexington St |
| *5. Full Name of Mother* | Laura V Wright |
| *6. Mother's Maiden Name* | " " Granger |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Jacob T L Wright |
| *9. Father's Occupation* | Tobacconist |
| *10. Father's Birthplace* | Dorchester Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Reeve M D |
| *Address* | 87 Mulberry St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18000

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5 Child

*1. Sex (state whether Male or Female)* ~~Male~~ Femal

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 15 April 1877

*4. Place of Birth (Street and Number)* No 53 Ann Street

*5. Full Name of Mother* Mary Pembrooks

*6. Mother's Maiden Name* Mary Ares

*7. Mother's Birthplace* Baltimor County

*8. Full Name of Father* Samuel Pem Brooks

*9. Father's Occupation* Doctor

*10. Father's Birthplace* Qui County

*Name of Medical Attendant,* or other Person who makes this Return. Rosa

*Address* Williams No 70 Chestnut

*Remarks* Well

Mother And Child doing Well

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18001

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
25
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d 1 |
| *1. Sex (state whether Male or Female)* | 2d Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 18 April 1877 |
| *4. Place of Birth (Street and Number)* | 289 Bank St |
| *5. Full Name of Mother* | Anna Maggie King |
| *6. Mother's Maiden Name* | Anna Maggie Durgin |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles King |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Eliz Fay |
| *Address* | 93 So Chester St |
| *Remarks* | Healthy Child |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18091

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPART
APR
25
1877
BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* april, 18, 1877
4. *Place of Birth (Street and Number)* 182, choptank st
5. *Full Name of Mother* amandia pierce
6. *Mother's Maiden Name* amandia bishop
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* charles e pierce
9. *Father's Occupation* conductor r car
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant, or other Person who makes this Return.* mary conner 153 choptank st

*Address*

*Remarks*

1

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18003

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 8th |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | 31st April 1877. |
| *4. Place of Birth* (Street and Number) | 888 W. Baltimore St. |
| *5. Full Name of Mother* | Fannie E. Day |
| *6. Mother's Maiden Name* | Thomson |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Madison L. Day |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Ben Hood M.D. |
| *Address* | 274 Hollins St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1800 4

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18th 1877.
4. *Place of Birth (Street and Number)* No 155 Chesnut st
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name* Mary Anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Smith
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegirst

*Address* No 182 E Monument st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18006

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18th 1877
4. *Place of Birth (Street and Number)* N 227 W Fayette St
5. *Full Name of Mother* Mary E. Reynolds
6. *Mother's Maiden Name* Mary E Hogan
7. *Mother's Birthplace* Tipperary Ireland
8. *Full Name of Father* Patrick Reynolds
9. *Father's Occupation* Baker & Confectioner
10. *Father's Birthplace* Sligo Ireland

*Name of Medical Attendant, or other Person who makes this Return.* R Richardson M.D

*Address* N 114 Park Ave

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18006

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

*1. Sex (state whether Male or Female)* ~~Female~~ Male Child

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 18 1877

*4. Place of Birth (Street and Number)* No 467 Saratoga St Baltimore Md

*5. Full Name of Mother* Sophia Elisebeth Spies

*6. Mother's Maiden Name* Sophia Elisebeth Spies no change

*7. Mother's Birthplace* Market Space Baltimore City

*8. Full Name of Father* Charles Christian Spies

*9. Father's Occupation* Carpenter Bilder

*10. Father's Birthplace* Harford County Md

*Name of Medical Attendant, or other Person who makes this Return.* Dr Shorter

*Address* Mrs Turner

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18007

To the Office of Registrar of Vital Statistics, Board of Health.
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
1
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | April 18 1877 |
| *4. Place of Birth (Street and Number)* | 18 Vincent St Baltimore |
| *5. Full Name of Mother* | Mary Jane Cotcal |
| *6. Mother's Maiden Name* | Mary Jane Durant |
| *7. Mother's Birthplace* | Philadelphia |
| *8. Full Name of Father* | George Washington Cotcal |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Lunatic |
| *Address* | 60 Charles St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18008

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* April 13. 1877

*4. Place of Birth (Street and Number)* Nos Schroeder str

*5. Full Name of Mother* Frate Kahl

*6. Mother's Maiden Name* Fate Schmidt

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Henry Kahl

*9. Father's Occupation* Agent.

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lummler

*Address* 60 Schroeder str

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18009

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18th April
4. *Place of Birth (Street and Number)* 20 Walcoat st
5. *Full Name of Mother* Louisa Sterling
6. *Mother's Maiden Name* Myers
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wilson Sterling
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Annie Mesenzehl

*Address* 220 Preston st Balto Md

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18010

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
21
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* April 18th '77
4. *Place of Birth (Street and Number)* Jenkins Al.
5. *Full Name of Mother* Sarah Brown
6. *Mother's Maiden Name* Banks
7. *Mother's Birthplace* Eastern Shore Maryland
8. *Full Name of Father* Jno. Brown
9. *Father's Occupation* Waiter in saloon
10. *Father's Birthplace* St. Mary's Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Anna Brown

*Address* No. 28 Bolton St.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18011

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
27
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April the 18. 1877
4. *Place of Birth (Street and Number)* Baltimore . No 229 Chestnut Alley
5. *Full Name of Mother* Jane Jones
6. *Mother's Maiden Name* ...
7. *Mother's Birthplace* Fredrick City
8. *Full Name of Father* John Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorchester Co md

*Name of Medical Attendant, or other Person who makes this Return.* Mary A Dasey

*Address* 83 Oxford St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18012

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
23
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) third child

1. *Sex* (state whether Male or Female) female very small and delicate
2. *Race or Color* (if not of the white race) brown skin
3. *Date of Birth* April the 18th
4. *Place of Birth* (Street and Number) parish dy No 16
5. *Full Name of Mother* Amanda ~~Kebbum~~ Sneede
6. *Mother's Maiden Name* Amanda Kebbum
7. *Mother's Birthplace* Accomac virginia
8. *Full Name of Father* George Sneede
9. *Father's Occupation* laborer
10. *Father's Birthplace* accomac virginia

*Name of Medical Attendant*, or other Person who makes this Return. Lydia Somerville

*Address* Clinton avenue 13

*Remarks*

---

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18013

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 19th 1877 |
| *4. Place of Birth (Street and Number)* | 120 N. Arlington Ave |
| *5. Full Name of Mother* | Mary Elizabeth Carlyle |
| *6. Mother's Maiden Name* | Meserole |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | Henry Wilson Carlyle |
| *9. Father's Occupation* | Builder |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18014

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 12 th |
| *4. Place of Birth (Street and Number)* | Maternite, 163 W Lombard. |
| *5. Full Name of Mother* | Sarah Johnson |
| *6. Mother's Maiden Name* | Sarah McClintock |
| *7. Mother's Birthplace* | Bloomingdale. N Y. |
| *8. Full Name of Father* | Edward Johnson |
| *9. Father's Occupation* | Harness Maker |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr W Frank Hines |
| *Address* | 163 W Lombard |
| *Remarks* | The Mother and Child are both in good condition and doing well |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18015

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 27st 1877

HEALTH DEPARTMENT APR 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 19th 1877
4. *Place of Birth (Street and Number)* 68 Robe St.
5. *Full Name of Mother* Katie Moor
6. *Mother's Maiden Name* Katie Repp
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Moor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. Amand

*Address* No. 137 Wolfe St.

*Remarks* H

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18016

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wh |
| *3. Date of Birth* | 19 of April |
| *4. Place of Birth (Street and Number)* | Light St No 585 |
| *5. Full Name of Mother* | Eliza Hartlove |
| *6. Mother's Maiden Name* | Eliza Balla. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Hartlove |
| *9. Father's Occupation* | Brick Mason |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Thos Martin |
| *Address* | West St N. 125 |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18017

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Color

*3. Date of Birth* April the 19 1877

*4. Place of Birth (Street and Number)* Hampstead Street 11

*5. Full Name of Mother* ~~Marie Allen~~ Maria Bride

*6. Mother's Maiden Name* Maria Allen

*7. Mother's Birthplace* City

*8. Full Name of Father* Walter Bride

*9. Father's Occupation* Labor

*10. Father's Birthplace* Baltimore Co

*Name of Medical Attendant,* or other Person who makes this Return. Mrs A Shultze

*Address* 174 Orleans St

*Remarks* very healthy

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18018

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | ~~W~~ Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 19, 1877 |
| *4. Place of Birth (Street and Number)* | 257 William st |
| *5. Full Name of Mother* | Julia A Gilbert |
| *6. Mother's Maiden Name* | Julia A English |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | W. E. Gilbert |
| *9. Father's Occupation* | Boiler Maker |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mr Ann Nash |
| *Address* | |
| *Remarks* | |

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18019

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19th April 1877
4. *Place of Birth (Street and Number)* 326 Pennsylvania ave
5. *Full Name of Mother* Johanna Ernstberger
6. *Mother's Maiden Name* Ring
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Ernstberger
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Annie Mosenzehr

*Address* 220 Preston st Md

*Remarks*

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18020

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 19 April
4. *Place of Birth* (Street and Number) 221 Penn Street
5. *Full Name of Mother* Margareta Timińicka
6. *Mother's Maiden Name* Chita
7. *Mother's Birthplace* Gnezen Germany
8. *Full Name of Father* Martin Timiński
9. *Father's Occupation* ———
10. *Father's Birthplace* Wongrowiec

*Name of Medical Attendant, or other Person who makes this Return.* Mary Güttner

*Address* Wolfe Street 245.

*Remarks*

---

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15021

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 19 April
4. *Place of Birth* (Street and Number) 213 Durham Street
5. *Full Name of Mother* Lorava Nowolski
6. *Mother's Maiden Name* Wiszicka
7. *Mother's Birthplace* Szubin Germany
8. *Full Name of Father* Ignacy Nowolski
9. *Father's Occupation* ———
10. *Father's Birthplace* Szubin

*Name of Medical Attendant,* or other Person who makes this Return. Mary Güttner

*Address* Wolfe Street 245

*Remarks*

---

**Uniform Registration of the Births in the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18022

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

BALTIMORE HEALTH DEPARTMENT APR 28 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 19th 1877.

*4. Place of Birth (Street and Number)* No 10 Biddle near Washington St

*5. Full Name of Mother* Kate Waer.

*6. Mother's Maiden Name* Kate Schmidt.

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Robert Waer.

*9. Father's Occupation* Plasterer

*10. Father's Birthplace* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No 181 N. Central avenue.

*Remarks* All well

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18023

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 19th 1877
4. Place of Birth (Street and Number) N 189 W Biddle St
5. Full Name of Mother Margaret A Laroque
6. Mother's Maiden Name Margaret A Bonavita
7. Mother's Birthplace Richmond Virginia
8. Full Name of Father Achilles Augustus Laroque
9. Father's Occupation Druggist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F Thalard M.D

Address N 114 Park Ave.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

180214

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 25 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5-5 / 6

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* April the 19 5 1877
4. *Place of Birth* (Street and Number) 72 Elbow Lane
5. *Full Name of Mother* Margret Tinney
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Olives a ~~Waggon~~ Wagon
9. *Father's Occupation* Phillip Tinney
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Thomas

*Address* 71 Burgundy Alley

*Remarks*

---

**Extract from Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18025

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 156 Charles Street

*4. Place of Birth (Street and Number)* th 19 April 1877

*5. Full Name of Mother* Sophene Sellium

*6. Mother's Maiden Name* —

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* —

*9. Father's Occupation* —

*10. Father's Birthplace* —

*Name of Medical Attendant,* or other Person who makes this Return. Rosa Williams

*Address* No 70 Chestnut Street

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15026

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* April 19. 1877.
4. *Place of Birth* (Street and Number) 108 Jasper St
5. *Full Name of Mother* Ellen ~~Kingsold~~ Cross
6. *Mother's Maiden Name* Nee Kingsold
7. *Mother's Birthplace*
8. *Full Name of Father* John H. Brown Jr.
9. *Father's Occupation* Waiter
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. L. E. Atkinson

*Address* 209 W. Biddle St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18027

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* A. N.

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Quito

*3. Date of Birth* April 19th 1877

*4. Place of Birth (Street and Number)* No — E Monument St.

*5. Full Name of Mother* Mary Langly

*6. Mother's Maiden Name* Mary Dellway.

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* William H. Langly.

*9. Father's Occupation* Brickburner.

*10. Father's Birthplace* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No 181. N. Central Avenue Balt.

*Remarks* Died with Spasms.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18028

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 19th 1877
4. *Place of Birth (Street and Number)* No — Edmondson St. Cast house
5. *Full Name of Mother* Mary Lundy
6. *Mother's Maiden Name* Mary Delway
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William H. Lundy
9. *Father's Occupation* Brickburner.
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Bull.

*Address* No 181 N. Central Avenue Baltimore

*Remarks* Well.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15029

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 18th
4. *Place of Birth* (Street and Number) No 31 Poppleton
5. *Full Name of Mother* Caroline Hütte
6. *Mother's Maiden Name* " Meyer
7. *Mother's Birthplace* Wurtenberg
8. *Full Name of Father* August Hütte
9. *Father's Occupation* Baker
10. *Father's Birthplace* Wurtenberg

*Name of Medical Attendant,* or other Person who makes this Return. Eliza Fullenkamp

*Address* 273 West Lombard St

*Remarks* Doing well

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18036

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 17th April 1877

*4. Place of Birth (Street and Number)* 126 Augusta St.

*5. Full Name of Mother* Mary Crayer

*6. Mother's Maiden Name* " Hermany

*7. Mother's Birthplace* U. States of America

*8. Full Name of Father* Charles Crayer

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Caeper Jr.

*Address* 52 E. Fremont

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18031

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 20 April

*4. Place of Birth (Street and Number)* 261 Forrest St

*5. Full Name of Mother* Bridget Callahan

*6. Mother's Maiden Name* Bully

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* John Callahan

*9. Father's Occupation* Blacksmith

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Ursula F. Chrismer

*Address* No 19 Forrest Place

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18032

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 20 1877
4. Place of Birth (Street and Number) No 178 Dr Washington
5. Full Name of Mother Emma J Henson
6. Mother's Maiden Name Crowell
7. Mother's Birthplace Virginia
8. Full Name of Father Robert Henson
9. Father's Occupation Seaman
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Sarah T Harington

Remarks

No 23 Enex

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18093.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 april th 20 1877

*1. Sex (state whether Male or Female)* A female

*2. Race or Color (if not of the white race)* colard

*3. Date of Birth* borne and the 20 of abpr

*4. Place of Birth (Street and Number)* west St No 226

*5. Full Name of Mother* misses adelade Greefien

*6. Mother's Maiden Name* Miss adelade nelson

*7. Mother's Birthplace* morlande

*8. Full Name of Father* mir James Geefen

*9. Father's Occupation* Araber

*10. Father's Birthplace* morlands

*Name of Medical Attendant,* or other Person who makes this Return. Miss Hugh

*Address* mid wif 234 west St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18034

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 20 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th April lived two hours death from natural cause
4. *Place of Birth (Street and Number)* Block 46 St 082
5. *Full Name of Mother* Elizabeth Shaw
6. *Mother's Maiden Name* Elizabeth Hofman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Shaw
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Louisa Smith 81 Thames St

*Address*

*Remarks*

# RETURN OF A BIRTH.

18035

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | April 20th 1877 |
| 4. *Place of Birth* (Street and Number) | 26 Barnett Street |
| 5. *Full Name of Mother* | Eveline S. Matthews |
| 6. *Mother's Maiden Name* | Eveline S. Bloyaun |
| 7. *Mother's Birthplace* | Accomac Co Virginia |
| 8. *Full Name of Father* | George R. Matthews |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace* | Martinsburg West Virginia. |
| *Name of Medical Attendant*, or other Person who makes this Return. | J. R. Ohler M.D. |
| *Address* | 234 W. Fayette St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18086

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colord child |
| *3. Date of Birth* | April 02 1877 |
| *4. Place of Birth (Street and Number)* | 1137 East Stred |
| *5. Full Name of Mother* | Virginia Allen |
| *6. Mother's Maiden Name* | Virginia Howe |
| *7. Mother's Birthplace* | Baltimore city |
| *8. Full Name of Father* | Francis Allen |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | St Domingos |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophica Hines |
| *Address* | 135 Chesnut Stret |
| *Remarks* | Baltimore MD |

18037

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)*

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20. 1877.
4. *Place of Birth (Street and Number)* South Wolfe Str No 18
5. *Full Name of Mother* Eva Lemm
6. *Mother's Maiden Name* Eva Schmidt
7. *Mother's Birthplace* Baiz. Bavern
8. *Full Name of Father* Mathias Lemm
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ummerstadt Bavern

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Johanna Raupach

*Address* South Wolfe Str No 28

*Remarks* Midwife

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18038

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 20 1877
4. Place of Birth (Street and Number) 25 N Paca St
5. Full Name of Mother Lucy Stibbs
6. Mother's Maiden Name " Wilmot
7. Mother's Birthplace England
8. Full Name of Father Henry Stibbs
9. Father's Occupation Patent Modell
10. Father's Birthplace Sav Georgia

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address 60 Shorter

Remarks dont wish this to appear in the papers

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18039

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 20th 1877
4. Place of Birth (Street and Number) 40 Woodyear St.
5. Full Name of Mother Mary Jamieson
6. Mother's Maiden Name
7. Mother's Birthplace Waukesham Co., Wisconsin
8. Full Name of Father James Jamieson
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm W Murray M. D.

Address No. 10 N. Carey St.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18040

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** April 21 1877

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 20th 1877.
4. *Place of Birth (Street and Number)* 162 Washington.
5. *Full Name of Mother* Lizzie Ritterpusch.
6. *Mother's Maiden Name* Lizzie Eckstrom.
7. *Mother's Birthplace* America.
8. *Full Name of Father* William Ritterpusch.
9. *Father's Occupation* Rail Road.
10. *Father's Birthplace* America.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mary Amend.

*Address* No. 137 Wolfe St.

*Remarks* —

18041

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* April 21 1877
4. *Place of Birth* (*Street and Number*) Price St Bet Gilmore & Stricker
5. *Full Name of Mother* Sara Young
6. *Mother's Maiden Name* Mary Polynak Johnson
7. *Mother's Birthplace* Balto Co Md
8. *Full Name of Father* Garret Young
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Calvert County Md

*Name of Medical Attendant*, or other Person who makes this Return. Milly Blake

*Address*

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18042

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 21st

*4. Place of Birth (Street and Number)* No 562 West Lombard St

*5. Full Name of Mother* Harriette Lear

*6. Mother's Maiden Name* Harriette McGinnis

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Harry Lear

*9. Father's Occupation* Engineer

*10. Father's Birthplace* Phillips Ohio Penn

*Name of Medical Attendant,* or other Person who makes this Return. Eliza Fullenkamp

*Address* No 573 West Lombard St

*Remarks* Going well

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18043

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3,d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21th 1877.
4. *Place of Birth (Street and Number)* No 257 Dallas st.
5. *Full Name of Mother* Minnie Levi
6. *Mother's Maiden Name* Minnie Newsman.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Levi
9. *Father's Occupation* Bruch Manufacter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Lena Hillegeist

*Address* No 182 E monument st.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

150144

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* Born April 15 1877

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 312 South Howard St
5. *Full Name of Mother* Mary Ann Woods
6. *Mother's Maiden Name* Mary Ann Ross
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* John Henry Woods
9. *Father's Occupation*
10. *Father's Birthplace* ~~Laurel~~ Laurel City md

*Name of Medical Attendant,* or other Person who makes this Return. Annie Johnson

*Address*

*Remarks*

18045

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 27 1877 BALTIMORE

(1877)

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the white race~~) W –
3. Date of Birth April 21st
4. Place of Birth (Street and Number) 84 Hillen St
5. Full Name of Mother Mrs Geo Carpenter
6. Mother's Maiden Name Miss Casey
7. Mother's Birthplace Maryland
8. Full Name of Father Geo Carpenter
9. Father's Occupation Tobacconist
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. William Lee M D

Address Eutaw St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18046

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Color

*3. Date of Birth* April the 21 1877

*4. Place of Birth (Street and Number)* Bethel Street 140

*5. Full Name of Mother* Kate McCoyle

*6. Mother's Maiden Name* )

*7. Mother's Birthplace* Baltimore Co

*8. Full Name of Father* ) unknown

*9. Father's Occupation* )

*10. Father's Birthplace* )

*Name of Medical Attendant,* or other Person who makes this Return. Mrs A Shultze

*Address* 174 E Lan St

*Remarks* Healthy

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18047

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth April 21st
4. Place of Birth (Street and Number) 453 Light St
5. Full Name of Mother Louisa Aschemeier
6. Mother's Maiden Name Louisa Lampe
7. Mother's Birthplace Engelstadt Brunswick
8. Full Name of Father William Aschemeier
9. Father's Occupation Tailor
10. Father's Birthplace Holtzhausen Prusian

Name of Medical Attendant, or other Person who makes this Return.

Address No. 453 Light Street

Remarks Mrs M. Sheeny
No 32 Leadenhall Street.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18045

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) [redacted] twin

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* April 21
4. *Place of Birth* (*Street and Number*) 41 Shuter st
5. *Full Name of Mother* Annie mary scott
6. *Mother's Maiden Name* Annie Jones
7. *Mother's Birthplace* baltimore county
8. *Full Name of Father* James scott
9. *Father's Occupation* labor
10. *Father's Birthplace* City of Balmore

*Name of Medical Attendant, or other Person who makes this Return.* Mary barber Dr in Chief

*Address* Mary barber 17 Jefferson st

*Remarks* Not Emery

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Incorrect Record of Vital Statistics in the City of Baltimore.**

18049

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21st August 77
4. *Place of Birth (Street and Number)* 94 Bond St
5. *Full Name of Mother* Cecilia Hohman
6. *Mother's Maiden Name* Falk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Hohman
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Culpepper

*Address* 511 E Lombard St

*Remarks*

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18050

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | First |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | white |
| 3. *Date of Birth* | April 21 st 77 |
| 4. *Place of Birth* (Street and Number) | 272 N Central av |
| 5. *Full Name of Mother* | Theresa Tolbach |
| 6. *Mother's Maiden Name* | Theresa Buchmyer |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Jas W Bochard |
| 9. *Father's Occupation* | — |
| 10. *Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | W W Thrasher MD |
| *Address* | 131 N Charles St |
| *Remarks* | City |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18057.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
30
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1 st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 28th 1877
4. *Place of Birth (Street and Number)* 144 Georgia St
5. *Full Name of Mother* Elija J. Joyce
6. *Mother's Maiden Name* Elija J. Cooper
7. *Mother's Birthplace* Oxford Md
8. *Full Name of Father* John D. Joyce
9. *Father's Occupation* Hotel Keeper
10. *Father's Birthplace* Frederick Co. Md

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Dorman

*Address* 122 Hennila St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18052

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Boy

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 22 April

4. *Place of Birth* (Street and Number) 28 Lurcham Street

5. *Full Name of Mother* Agnes Wituska

6. *Mother's Maiden Name* Konbolska

7. *Mother's Birthplace* Pakosi Germany

8. *Full Name of Father* Peter Wituski

9. *Father's Occupation* ———

10. *Father's Birthplace* Pakosi

*Name of Medical Attendant,* or other Person who makes this Return. Mary Güttner

*Address* Wolfe Street 245.

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

***rect Record of Vital Statistics in the City of Baltimore.***

18053

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT. APR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Abril 22 d. 1877
4. *Place of Birth (Street and Number)* 359 Mc donoch Stret
5. *Full Name of Mother* Marie Kaufman
6. *Mother's Maiden Name* M. Deetken
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Adam Kaufman
9. *Father's Occupation* Schriftsetzer
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Rudiger

*Address* 134 N. Bond Stret Baltimor Md.

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

180574

HEALTH DEPARTMENT APR 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* four Children

1. *Sex (state whether Male or Female)* Last is Boy

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 22nd of April 1877

4. *Place of Birth (Street and Number)* 4 Holzmans Court

5. *Full Name of Mother* Cerlein Sumter

6. *Mother's Maiden Name* Cerlein Kreb

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Michel Kreb

9. *Father's Occupation* Labor man

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kuntzel for John Kuntzel

*Address* 71 Bath Chappel st

*Remarks* Healthy

**Post Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, desist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18055

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
30
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 April 1877
4. *Place of Birth (Street and Number)* 263 S. Ann St.
5. *Full Name of Mother* Dienes Dayes
6. *Mother's Maiden Name* Luckad
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Thomas Luckad
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertrude Miller

*Address* 151 E. Pratt St.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18056

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
30
1877
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) _____

(state whether Male or Female) Female

or Color (if not of the white race) Colord

of Birth April 22 1877

e of Birth (Street and Number) Mountgumary St Bute

Name of Mother Sarah Bonds

er's Maiden Name Sarah Graen

er's Birthplace Baltimore

Name of Father alfried Bonds

er's Occupation Eating Saloon

er's Birthplace Eastern Shore Md

ne of Medical Attendant, or other Person who makes this Return. Dr. Morgat Spriggs

dress No 2 Peach alley

arks No Difficulty

18057

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* April 22nd 1877

*4. Place of Birth (Street and Number)* 241 Montgomery St.

*5. Full Name of Mother* Louisa Wolf

*6. Mother's Maiden Name* Abiller

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Emil Wolf

*9. Father's Occupation* Cabinet Maker

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. A. Lohmann M.D. midwife

*Address* 213 Aisquith St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18058.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
30
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First (1st) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 22nd 1877 |
| *4. Place of Birth (Street and Number)* | 147 Harford Ave |
| *5. Full Name of Mother* | Elizabeth C Knight |
| *6. Mother's Maiden Name* | Elizabeth C Nelson |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Theodore H. Knight |
| *9. Father's Occupation* | Coal |
| *10. Father's Birthplace* | Woodlawn Coal Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Virginia C. Wright |
| *Address* | 198 Harford Ave |
| *Remarks* | |

**Free Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18059

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22 1877
4. *Place of Birth (Street and Number)* No 143 E Biddle st
5. *Full Name of Mother* Lizzie Brosch.
6. *Mother's Maiden Name* Lizzie Klein.
7. *Mother's Birthplace* ~~Baltimore~~ Philadelphia.
8. *Full Name of Father* Joseph Brosch.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena H Meguist

*Address* No 182 E monument st

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18060

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | The Third |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | Colered |
| 3. *Date of Birth* | 22 of April 1877 |
| 4. *Place of Birth* (Street and Number) | yeart St no. 57 |
| 5. *Full Name of Mother* | Liddia turner |
| 6. *Mother's Maiden Name* | Anrandell Co |
| 7. *Mother's Birthplace* | |
| 8. *Full Name of Father* | |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace* | |
| *Name of Medical Attendant*, or other Person who makes this Return. | Marish Gardon Mid Wife |
| *Address* | East St no 57 |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18061

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22/77
4. *Place of Birth (Street and Number)* 151 S. Durhamth
5. *Full Name of Mother* Kunigunda Eiersig
6. *Mother's Maiden Name* Kunigunda Degstein
7. *Mother's Birthplace* Havaria
8. *Full Name of Father* Wolfram Eiersig
9. *Father's Occupation*
10. *Father's Birthplace* Havaria

*Name of Medical Attendant,* or other Person who makes this Return. M. Goldson

*Address* 25 S. Durhamth

*Remarks*

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18062

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April 22nd

*4. Place of Birth (Street and Number)* No 561 Light St

*5. Full Name of Mother* Clara Heckroth

*6. Mother's Maiden Name* Clara Weaver

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Charles Heckroth

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horn

*Address* No 29 Elizabeth Lane

*Remarks*

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18063

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 22nd 1877
4. Place of Birth (Street and Number) 73 East Baltimore St
5. Full Name of Mother Blanche Newman Hamill
6. Mother's Maiden Name Blanche Newman Grove
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father George Washington Hamill
9. Father's Occupation Physician
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D W Cathell Md

Address 1½ S Exeter St

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18064

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* april 23/77
4. *Place of Birth (Street and Number)* No 5 Vincint aley
5. *Full Name of Mother* ameilia dosey
6. *Mother's Maiden Name* ameilia dicson
7. *Mother's Birthplace* howard co.
8. *Full Name of Father* frank dasey
9. *Father's Occupation* dray man
10. *Father's Birthplace* Balto city

*Name of Medical Attendant,* or other Person who makes this Return. Charlottee Proctor

*Address* No. 10. Carlton. st.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18063

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* April the 23d 1877

*4. Place of Birth (Street and Number)* No 168 Chappel Street

*5. Full Name of Mother* Pink tracy Johnson

*6. Mother's Maiden Name* Pink Johnson

*7. Mother's Birthplace* America

*8. Full Name of Father* John tracy

*9. Father's Occupation* laborer

*10. Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary l Simms

*Address* No 203 washington Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18066

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
NOV 23 1877
BALTIMORE CITY

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | November 3rd 1877 |
| *4. Place of Birth (Street and Number)* | No 1. Fairlee St. |
| *5. Full Name of Mother* | Sarah Miller. |
| *6. Mother's Maiden Name* | Sarah Bell. |
| *7. Mother's Birthplace* | Ind. Indiana. |
| *8. Full Name of Father* | Henry Miller |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. M. A. Bell |
| *Address* | No 1. Fairlee St. |
| *Remarks* | All Well |

**Fee Record of Vital Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18067

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 4 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23d 1877
4. *Place of Birth (Street and Number)* 190 Columbia St.
5. *Full Name of Mother* Sarah Winans
6. *Mother's Maiden Name* Sarah A. Rily
7. *Mother's Birthplace* Anne A. Co Md
8. *Full Name of Father* Nickeas W Winans
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Balto. Md

*Name of Medical Attendant,* or other Person who makes this Return. H. L. Spicer Mrs

*Address* 379 W. Lombard St

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18068.

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (*state whether 1st, ~~2d, 3d,~~ &c.*)

*1. Sex* (*state whether ~~Male or~~ Female*)

*2. Race or Color* (*if not of the white race*) White.

*3. Date of Birth* 23rd April 1877.

*4. Place of Birth* (*Street and Number*) 442 E. Lombard St.

*5. Full Name of Mother* Emma Lewinia Lappe.

*6. Mother's Maiden Name* Emma L. Zirckel.

*7. Mother's Birthplace* Baltimore City Md.

*8. Full Name of Father* Martin Lappe,

*9. Father's Occupation* Druggist.

*10. Father's Birthplace* Allegheny City, Pennsylvania.

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Dashiell.

*Address* 207 S. Broadway.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18069

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 23d 1877 |
| *4. Place of Birth (Street and Number)* | No 120 Bank str |
| *5. Full Name of Mother* | Catherine E Reinheimer |
| *6. Mother's Maiden Name* | " Miller |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Fred Reinheimer |
| *9. Father's Occupation* | Contractor |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Bushmann |
| *Address* | 120 Bank str. |
| *Remarks* | |

# RETURN OF A BIRTH.

1 18070

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) this is the forst ~~one~~ Birth

1. *Sex* (state whether Male or Female) it is a female

2. *Race or Color* (if not of the white race) affin race

3. *Date of Birth* Wash born on the 23 april

4. *Place of Birth* (Street and Number) No 54 forrest street

5. *Full Name of Mother*

6. *Mother's Maiden Name* Maria jones

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. miss adline gross

*Address* No 54 forrest street

*Remarks* it is a fee maile it is a hart chil

*Direct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18071

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1877 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) in Baltimor

Sex (state whether Male or Female) Nodika teehaeritr

Race or Color (if not of the white race) it is White race

Date of Birth 23 apral 877 1

Place of Birth (Street and Number) in Baltimore ab bott st No 23

Full Name of Mother Mary Nodicka

Mother's Maiden Name Mary Nieek

Mother's Birthplace teehonito in

Full Name of Father Hvel Notek

Father's Occupation labrer

Father's Birthplace in nc Nopreihtito

Name of Medical Attendant, or other Person who makes this Return. Mary Kuptish No 61

Address wishton St

Remarks thrd 3 child

it has dead to day

18072

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1877 BALTIMORE.

*No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)*

*1. Sex (~~state whether Male or~~ Female)*

*2. Race or Color (~~if not of the~~ white race)*

*3. Date of Birth* April 23 '77

*4. Place of Birth (Street and Number)* 452 Madison Avenue

*5. Full Name of Mother* Jennie Pearley

*6. Mother's Maiden Name* Jennie Samuels

*7. Mother's Birthplace* Pike Co Illinois

*8. Full Name of Father* Solomon Pearley

*9. Father's Occupation* Property Agent

*10. Father's Birthplace* Balto City Md

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Krozer M.D.

*Address* " " City

*Remarks*

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18073

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPT.
APR
24
1877
BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | April 23 1877. |
| 4. *Place of Birth* (Street and Number) | George St & Clinton Ave |
| 5. *Full Name of Mother* | Mary Louisa Swift |
| 6. *Mother's Maiden Name* | do do Quinlan |
| 7. *Mother's Birthplace* | Balt. City |
| 8. *Full Name of Father* | James Henry Swift |
| 9. *Father's Occupation* | Confectioner |
| 10. *Father's Birthplace* | Harford Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. Whitridge |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16 18074

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23 North St |
| *4. Place of Birth (Street and Number)* | 23 April |
| *5. Full Name of Mother* | Emily Ashton |
| *6. Mother's Maiden Name* | Trumpton |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John W Ashton |
| *9. Father's Occupation* | Coach Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Chrisman |
| *Address* | No 19 Forrest Place |
| *Remarks* | |

18075

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 24 April

*4. Place of Birth (Street and Number)* 189 Montgomery St

*5. Full Name of Mother* Christina Heimer

*6. Mother's Maiden Name* ~~Wolst~~ Woods

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Valentine Heimer

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Sachsen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary Krohn

*Address* 328 S Eutaw St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, as advise at the birth of any child, within the City of Baltimore, shall report to the registrar afore within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18076

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1877 BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 24th 1877. |
| *4. Place of Birth (Street and Number)* | 238 Chew St |
| *5. Full Name of Mother* | Maggie Lowe. |
| *6. Mother's Maiden Name* | " " Dudrow |
| *7. Mother's Birthplace* | Frederick City - Maryland |
| *8. Full Name of Father* | John Lowe |
| *9. Father's Occupation* | Clerk &c |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | D Webster Cathell M D |
| *Address* | Baltimore. Md. |
| *Remarks* | |

# RETURN OF A BIRTH.

18077

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | first child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | April 24th |
| *4. Place of Birth (Street and Number)* | No 242 W. Pratt St |
| *5. Full Name of Mother* | Clara Apfler |
| *6. Mother's Maiden Name* | " Botts |
| *7. Mother's Birthplace* | Potsdam Germany |
| *8. Full Name of Father* | John Apfler |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Baltz |
| *Name of Medical Attendant,* or other Person who makes this Return. | Maria Baugert |
| *Address* | # 36 E. Lombard St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RE

# RETURN OF A BIRTH.

15078

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible] Brant
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Nash

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15079

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1877 BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 8th child

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* april 24 1877
4. *Place of Birth* (*Street and Number*) 31 fell st
5. *Full Name of Mother* mary Zinnaman
6. *Mother's Maiden Name* mary Wilkinson
7. *Mother's Birthplace* ireland
8. *Full Name of Father* edward Zinnaman
9. *Father's Occupation* gun smith
10. *Father's Birthplace* ireland

*Name of Medical Attendant,* or other Person who makes this Return. Rachel a garrett

*Address* 433 alicean na st

*Remarks*

18080

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* children 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 29 of April 1877
4. *Place of Birth (Street and Number)* No 60 East street
5. *Full Name of Mother* Anna Roberson
6. *Mother's Maiden Name* Anna Jons
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles Henry Roberson
9. *Father's Occupation* Seafaring
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Maria Gordon 57 East Midwife

*Address* 57 east st Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18051

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 15 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wht |
| *3. Date of Birth* | 24 of April |
| *4. Place of Birth (Street and Number)* | Rowtall St |
| *5. Full Name of Mother* | Margret Miller |
| *6. Mother's Maiden Name* | Margret Farman |
| *7. Mother's Birthplace* | South Carline |
| *8. Full Name of Father* | Jorge Miller |
| *9. Father's Occupation* | Brick Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wes Martin |
| *Address* | Wert St No 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18052

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 24th 1877 |
| *4. Place of Birth (Street and Number)* | 1051 Platte foot alley |
| *5. Full Name of Mother* | Matilda Miller |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Register City |
| *8. Full Name of Father* | John Miller |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Bashmann |
| *Address* | 120 Bank st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18083

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 24th of August |
| *4. Place of Birth (Street and Number)* | No 448 Wolf Street |
| *5. Full Name of Mother* | Julian Sindlmeyer |
| *6. Mother's Maiden Name* | " Giller |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | John Sindlmeyer |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Waldemar Muller |
| *Address* | No 165 Hickory Street |
| *Remarks* | |

18084

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 24th April 1877

*4. Place of Birth (Street and Number)* 44 Canal St

*5. Full Name of Mother* Anna Wing

*6. Mother's Maiden Name* Rush Lamm

*7. Mother's Birthplace* U. States of America

*8. Full Name of Father* Henry Wing

*9. Father's Occupation* Baker

*10. Father's Birthplace* U. States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address* 52 E Lombard St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18085

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 24, 1877
4. *Place of Birth (Street and Number)* Hulsten St. No 97
5. *Full Name of Mother* Mary Fylliaux
6. *Mother's Maiden Name* Mary Fitzelberger
7. *Mother's Birthplace* Bain. Tr. Preussen Germany
8. *Full Name of Father* Christian Fylliaux
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Bettenhausen Gr. Hessen Germany

*Name of Medical Attendant, or other Person who makes this Return,* Mary E. Muller

*Address* 1. Dallas St. No 26,

*Remarks*

18086

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth April 24 1877
4. Place of Birth (Street and Number) Ridley St Baltimore Md
5. Full Name of Mother Annie Morgin
6. Mother's Maiden Name Annie Annie
7. Mother's Birthplace Baltimore City
8. Full Name of Father David Morgin
9. Father's Occupation Glass Blower
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Frank ~~[illegible]~~

Address Pleding hall St

Remarks no

Baltimore Md

Fees Record of Vital Statistics of the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18087

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 April
4. *Place of Birth (Street and Number)* 194 Henrietta St
5. *Full Name of Mother* Mary Coenlein
6. *Mother's Maiden Name* Haas
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Coenlein
9. *Father's Occupation* Cart Driver
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18,088

HEALTH DEPARTMENT
MAY
2
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 25 th |
| *4. Place of Birth (Street and Number)* | 34 Warren St |
| *5. Full Name of Mother* | Nellie Woods |
| *6. Mother's Maiden Name* | Carter |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Woods |
| *9. Father's Occupation* | Express Business |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Koch |
| *Address* | 928 S Eutaw St |
| *Remarks* | |

18089

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| *1. Sex (state whether Male or Female)* | Jewish |
| *2. Race or Color (if not of the white race)* | Female |
| *3. Date of Birth* | April 25th 1877 |
| *4. Place of Birth (Street and Number)* | North Gay St 191 |
| *5. Full Name of Mother* | Rachel Jacobs |
| *6. Mother's Maiden Name* | " Berkowitz |
| *7. Mother's Birthplace* | Poles Europe |
| *8. Full Name of Father* | Abraham Jacobs |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Poles Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs K. Ullig |
| *Address* | 48 Holland St " City " |
| *Remarks* | |

# RETURN OF A BIRTH.

18090

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT
APR 28 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 26 1877 |
| *4. Place of Birth (Street and Number)* | 51 Johnson Street Baltimore |
| *5. Full Name of Mother* | Mary E Bradford |
| *6. Mother's Maiden Name* | Mary E Smith |
| *7. Mother's Birthplace* | Calvert County Maryland |
| *8. Full Name of Father* | Samuel S Bradford |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Worcester County Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Dorn Nash |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18091

HEALTH DEPARTMENT
APR
28
1877
BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eleventh. |
| *1. Sex (state whether Male or Female)* | Boy |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 25th 1877 |
| *4. Place of Birth (Street and Number)* | # 248 Canton Ave. E.D. |
| *5. Full Name of Mother* | Catherine A. Dickinson |
| *6. Mother's Maiden Name* | Cath. Hoskins |
| *7. Mother's Birthplace* | Balto Md. |
| *8. Full Name of Father* | James Dickinson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Mary E. Simms |
| *Address* | # 203 E. Washington St. |
| *Remarks* | The above child died of internal injuries to the mother. |

That any physicin, accouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18092

HEALTH DEPARTMENT APR 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Children |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wh |
| *3. Date of Birth* | 25 of April |
| *4. Place of Birth (Street and Number)* | Hanover St N. 205. |
| *5. Full Name of Mother* | Harland Burgard |
| *6. Mother's Maiden Name* | Harland Brar |
| *7. Mother's Birthplace* | St Wanebal |
| *8. Full Name of Father* | Peter Burgard |
| *9. Father's Occupation* | Tobner |
| *10. Father's Birthplace* | Winterbach |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Martin |
| *Address* | West St N. 128 |
| *Remarks* | |

18093

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
4
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 25 of April 1877.
4. *Place of Birth (Street and Number)* the 25 of April ~~1877~~. No 132. Pine-st
5. *Full Name of Mother* Jennia Bollaty.
6. *Mother's Maiden Name* Jennia Lolley.
7. *Mother's Birthplace* in Germany.
8. *Full Name of Father* Jacka Bollaty.
9. *Father's Occupation* a Schuea maker.
10. *Father's Birthplace* in Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Eisenbinger

*Address* No 14 Union st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

180914

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT
DEC 1
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6d " |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | April the 25" 1877 |
| 4. *Place of Birth (Street and Number)* | 137 Ridgely Street |
| 5. *Full Name of Mother* | Margaretha Rentz |
| 6. *Mother's Maiden Name* | " " " Fall |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Ludwig Rentz |
| 9. *Father's Occupation* | Basket Macker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Myinch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18093

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 23th 1877 |
| *4. Place of Birth (Street and Number)* | No 118 S Caroline St |
| *5. Full Name of Mother* | Laura F Fern |
| *6. Mother's Maiden Name* | " " Nugent |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | John W Fern |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bustmann |
| *Address* | 120 Banks sts. |
| *Remarks* | |

1896

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 April 1877
4. *Place of Birth (Street and Number)* 218 Bethel St.
5. *Full Name of Mother* Mary Friman
6. *Mother's Maiden Name* Mary Volk
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Edward Friman
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. M. Kedeser

*Address* E. H. S. Durham Dr

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18097

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 25 April 1877

*4. Place of Birth (Street and Number)* 19 Hanover St

*5. Full Name of Mother* Mary Ruth

*6. Mother's Maiden Name* Price

*7. Mother's Birthplace* United States of America

*8. Full Name of Father* Wm Ruth

*9. Father's Occupation* Baker

*10. Father's Birthplace* United States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Cooper for

*Address* 37 E Lombard St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18095

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
30
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5tes Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 25 1877
4. *Place of Birth (Street and Number)* S. Dallas St. No. 153.
5. *Full Name of Mother* Louise Brimmer
6. *Mother's Maiden Name* Louise Schagt.
7. *Mother's Birthplace* Bodenfelde. N. Preussen.
8. *Full Name of Father* Heinrich Brimmer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Lamperde N. Preussen Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

18099

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Childrens

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* Ah 25 of April 1877

*4. Place of Birth (Street and Number)* No 36 Durham Street

*5. Full Name of Mother* Lewsinder Simon

*6. Mother's Maiden Name* Lewsinder Gallamy

*7. Mother's Birthplace* Baltimore County

*8. Full Name of Father* Elser Simon

*9. Father's Occupation* Labor

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Rosasettor

*Address* Williams

*Remarks* No 70 Chestnut Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18100

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 Children

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colleed

*3. Date of Birth* th 25 of April

*4. Place of Birth (Street and Number)* No 10 temple Street

*5. Full Name of Mother* Mary Bond

*6. Mother's Maiden Name* Mary Williams

*7. Mother's Birthplace* Norfolk County

*8. Full Name of Father* Elazandra William

*9. Father's Occupation* Coughman

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Rosa Willien

*Address* No 70 Chesnut

*Remarks* Mother and Child doing

William

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18101

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG. 1 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Third |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | |
| *3. Date of Birth* | 25th Apr., 1877 |
| *4. Place of Birth* (Street and Number) | 5 S. Eutaw |
| *5. Full Name of Mother* | Catharine Lyeth |
| *6. Mother's Maiden Name* | Horney |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | Samuel H. Lyeth |
| *9. Father's Occupation* | Stonecutter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | John Hood M.D. |
| *Address* | 274 Hollins St. |
| *Remarks* | |

18102

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 in Baltimore

1. *Sex (state whether Male or Female)* in Baltimore.
2. *Race or Color (if not of the white race)* it is White race.
3. *Date of Birth* 25 apral 1877.
4. *Place of Birth (Street and Number)* in Baltimore wishton st 72 No
5. *Full Name of Mother* Bibry vel klener
6. *Mother's Maiden Name* Bal ry velenosk
7. *Mother's Birthplace* sknoc
8. *Full Name of Father* Chirly velonesh
9. *Father's Occupation* Musick Man
10. *Father's Birthplace* sknorc

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kuplish

*Address* 69 wishton st

*Remarks* Chard chalk

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18108

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 26 April |
| *4. Place of Birth (Street and Number)* | Chestnut St |
| *5. Full Name of Mother* | Alice Mc Elroy |
| *6. Mother's Maiden Name* | Burns |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Mc Elroy |
| *9. Father's Occupation* | Shoe Maker |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula I Christopher |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

# RETURN OF A BIRTH.

181014

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 26th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Walbert st No. 29 |
| *5. Full Name of Mother* | Sarah Howard. |
| *6. Mother's Maiden Name* | Sarah Fyson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Howard |
| *9. Father's Occupation* | Brickman |
| *10. Father's Birthplace* | Maria Co. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No 120 Baskin st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18105

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 26 1877
4. *Place of Birth (Street and Number)* 20 Biddle Street
5. *Full Name of Mother* Annie Nichols
6. *Mother's Maiden Name* Annie Brown
7. *Mother's Birthplace* Charles County
8. *Full Name of Father* William Nichols
9. *Father's Occupation* Barber
10. *Father's Birthplace* Frederick County

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] Dorsey, Doctor

*Address* 85 Orchard Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18106

HEALTH DEPARTMENT
APR
28
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *Child of Mother (state whether 1st, 2d, 3d, &c.)* | one |
| *state whether Male or Female)* | male |
| *or Color (if not of the white race)* | White |
| *of Birth* | 26 |
| *of Birth (Street and Number)* | Baltimore Johnson St 280 |
| *Name of Mother* | Margret Kirby |
| *r's Maiden Name* | Margret Tanner |
| *r's Birthplace* | Baltimore |
| *Name of Father* | Thomas Kirby |
| *r's Occupation* | Miller |
| *r's Birthplace* | Baltimore |
| *e of Medical Attendant,* or other Person who makes this Return. | Elizabeth Flathers |
| *ress* | 283 Johnson St |
| *arks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18107

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
2
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 April
4. *Place of Birth (Street and Number)* No 12 Broadway
5. *Full Name of Mother* Maggie Earnst
6. *Mother's Maiden Name* Christ
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Earnst
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No 70 Gourley Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18108

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 26th of april
4. Place of Birth (Street and Number) Baltimore Millimen St No 1
5. Full Name of Mother Emma L Beckmyer
6. Mother's Maiden Name Emma L Mettee
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm J Beckmyer
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy

Address 77 The Elderly St

Remarks

18109

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
1877
BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 26-'77 |
| *4. Place of Birth (Street and Number)* | 116 Walsh st. |
| *5. Full Name of Mother* | Marian Reynolds |
| *6. Mother's Maiden Name* | Hart |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | John Reynolds |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight |
| *Address* | 112 N. Greene |
| *Remarks* | |

18110

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 26 April 1877

*4. Place of Birth (Street and Number)* No 2 Jefferson Street East

*5. Full Name of Mother* Priscilla Coll

*6. Mother's Maiden Name* Priciller ~~Coll~~ Plator

*7. Mother's Birthplace* Dorcester Maryland

*8. Full Name of Father* Joyce Coll

*9. Father's Occupation* Labor

*10. Father's Birthplace* Haggers town

*Name of Medical Attendant,* or other Person who makes this Return. Rosa

*Address* Williams

*Remarks* No 70 Chestnut Street

Mother And Child doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18111

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 26th 1877 |
| *4. Place of Birth (Street and Number)* | York Street No. 94. Baltimore Md. |
| *5. Full Name of Mother* | Mary Brown |
| *6. Mother's Maiden Name* | Shally |
| *7. Mother's Birthplace* | County Kilkenny. Ireland |
| *8. Full Name of Father* | James. Brown |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Elizabeth Scarborough |
| *Address* | No 236 Montgomery Street. Baltimore |
| *Remarks* | |

181121

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 26th 1877 |
| *4. Place of Birth (Street and Number)* | Elisbeth lane. no number |
| *5. Full Name of Mother* | Mary Kemp |
| *6. Mother's Maiden Name* | Klein |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | John Kemp |
| *9. Father's Occupation* | Brick modler |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18113

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 27 April 1877
4. Place of Birth (Street and Number) 294 Canton Av.
5. Full Name of Mother Mary Harold
6. Mother's Maiden Name Boelmesdorfer
7. Mother's Birthplace Germany
8. Full Name of Father George J. Herold
9. Father's Occupation Shipjoiner
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Gerbrant Miller

Address 151 E. Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18114

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Apr. 27. 77

*4. Place of Birth (Street and Number)* 484 W. Lombard

*5. Full Name of Mother* Annie Cecelia Smith

*6. Mother's Maiden Name* Taylor

*7. Mother's Birthplace* Balto Co Md

*8. Full Name of Father* Isaac Henry Smith

*9. Father's Occupation* Teamster

*10. Father's Birthplace* Balto Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Lewis M Eastman

*Address* 349 Lee St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18115

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPT APR 30 '87 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Fed female
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* April 27
4. *Place of Birth* (Street and Number) 204 E Hamburg & St
5. *Full Name of Mother* Martha Tomas
6. *Mother's Maiden Name* Martha Jakens
7. *Mother's Birthplace* Dr Chester County Md
8. *Full Name of Father* John Tomas
9. *Father's Occupation* Working in the brick yard
10. *Father's Birthplace* Somerset County Md

*Name of Medical Attendant,* or other Person who makes this Return. Rachel Turum

*Address* Henrietta S 1022

*Remarks*

18116

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 41 Sd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 27th April 77

*4. Place of Birth (Street and Number)* 160 Pine St.

*5. Full Name of Mother* Sophia Dorothea Sprengel

*6. Mother's Maiden Name* Sophia Dorothea Strohbach

*7. Mother's Birthplace* Hanover (Germany)

*8. Full Name of Father* W. C. Alexander Sprengel

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Wollershausen (Germany)

*Name of Medical Attendant,* or other Person who makes this Return. J. A. Heldmann Ph.D.

*Address* 120 Pearl St. Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1817

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27th 1877
4. *Place of Birth (Street and Number)* Cor St Paul & 25th sts
5. *Full Name of Mother* Mary Tibbals
6. *Mother's Maiden Name* " Watkins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles A. Tibbals
9. *Father's Occupation* Episcopal Minister
10. *Father's Birthplace* New Haven Conn

*Name of Medical Attendant,* or other Person who makes this Return. P. C. Williams M.D.

*Address* 201 Madison Ave

*Remarks*

18118

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 27th 1877 |
| *4. Place of Birth (Street and Number)* | No 124 Montgomery St |
| *5. Full Name of Mother* | Anna McPhail |
| *6. Mother's Maiden Name* | Anna McCubbin |
| *7. Mother's Birthplace* | Canada |
| *8. Full Name of Father* | John McPhail |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Scotland |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Noble Mr |
| *Address* | 17 Warren av |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18119

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 27 of April |
| *4. Place of Birth (Street and Number)* | Cross St No. 138. |
| *5. Full Name of Mother* | Anna Arauthaine |
| *6. Mother's Maiden Name* | Anna Epp |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph Arauthlaine |
| *9. Father's Occupation* | Labor Werke. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

# RETURN OF A BIRTH.

18120

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
4
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) [redacted]

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18121

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 27th April

*4. Place of Birth (Street and Number)* 15 Mulberry Str

*5. Full Name of Mother* Mary Gluckstein

*6. Mother's Maiden Name* Mary Vollmayer

*7. Mother's Birthplace* Toledo Ohio

*8. Full Name of Father* Jno Gluckstein

*9. Father's Occupation* Confectioner

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Annie Linden

*Address* No 45 Monroe Str

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1812 1/2

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother* (state whether ~~1st, 2d~~, 3d, ~~&c.~~)

*1. Sex* (~~state whether~~ Male ~~or Female~~)

*2. Race or Color* (if not of the white race) Negro

*3. Date of Birth* 18th May

*4. Place of Birth* (Street and Number) #15 Carlton St

*5. Full Name of Mother* Mary Alexania Baker

*6. Mother's Maiden Name* " " Williams

*7. Mother's Birthplace* Maryland

*8. Full Name of Father* Joseph Edw Baker

*9. Father's Occupation* Drayman

*10. Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Geo H. Layton

*Address* #1 Waverly Terrace

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18122.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 27th 1877 |
| *4. Place of Birth (Street and Number)* | 106 Hampstead St. |
| *5. Full Name of Mother* | Alice Moore |
| *6. Mother's Maiden Name* | Alice Hopkins |
| *7. Mother's Birthplace* | Baltimore city |
| *8. Full Name of Father* | Nathaniel Moore |
| *9. Father's Occupation* | Book Keeper |
| *10. Father's Birthplace* | Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M.D |
| *Address* | 117 S. Broadway |
| *Remarks* | |

# RETURN OF A BIRTH.

18122 1/2

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* ——

*3. Date of Birth* A few minutes before 12 o'clock P.M. May 18th 1877

*4. Place of Birth (Street and Number)* No. 244 N. Wolf St.

*5. Full Name of Mother* Ida Lecit

*6. Mother's Maiden Name* " "

*7. Mother's Birthplace* York County Pennsylvania

*8. Full Name of Father* William Ricord

*9. Father's Occupation* Said to be a Clerk

*10. Father's Birthplace* " " " somewhere in Virginia

*Name of Medical Attendant,* or other Person who makes this Return. A. J. Foard M.D.

*Address* 75 N. Broadway. This Child is Illegitimate

*Remarks* Was born in the Privy, dropped into the Sink (Said to be accidental) Was there 3 hours - gotten out by the Dr. assisted by 2 officers, is alive and lives, [illegible] to out-live those born less ignominiously

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15128

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 May
4. *Place of Birth (Street and Number)* 752 Eastern Ave
5. *Full Name of Mother* Sophia Grieves
6. *Mother's Maiden Name* Bast
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Grieves
9. *Father's Occupation* Store
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Thomas

*Address* No 70 Granby Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18123 1/2

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 30 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 27 April 1877

*4. Place of Birth (Street and Number)* Cemetery Lane

*5. Full Name of Mother* Bryan Steinmeyer

*6. Mother's Maiden Name* Laferty

*7. Mother's Birthplace* U. States of America

*8. Full Name of Father* John Steinmeyer

*9. Father's Occupation* Laborer

*10. Father's Birthplace* U. States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Cooper for Dr.

*Address* 5 E. Cambridge

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1/1 18124

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* April 27th 1877.

*4. Place of Birth (Street and Number)* Baltimore Md. Eastern Ave No 321.

*5. Full Name of Mother* Kate E. Blessing

*6. Mother's Maiden Name* " " North

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Ferdinan Blessing.

*9 Father's Occupation* Labourer

*10. Father's Birthplace* Baltimore. Md.

*Name of Medical Attendant,* or other Person who makes this Return. M A Lawrence Jr.

*Address* 259 Gough St. Balt.

*Remarks* All doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18123

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT
JUN 12 1897
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First-child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* April 28th 1897
4. *Place of Birth* (Street and Number) 918 S Wilmer alley
5. *Full Name of Mother* Edora Jones
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Carroll County Maryland
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Maria Burgess

*Address* No 1 Wilmer alley

*Remarks*

# RETURN OF A BIRTH.

18126

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 28th 1877
4. *Place of Birth (Street and Number)* 93 Hillen st
5. *Full Name of Mother* Emma Catherine Clayton
6. *Mother's Maiden Name* " " Bell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph B Clayton
9. *Father's Occupation* Carriage maker
10. *Father's Birthplace* Delaware Co Penn'a

*Name of Medical Attendant,* or other Person who makes this Return. P. C. Williams M.D.

*Address* 201 Madison Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18127

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
3
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1 frist |
| 1. *Sex* (state whether Male or Female) | female |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | 28 of aprill |
| 4. *Place of Birth* (Street and Number) | Lexington street No 37 |
| 5. *Full Name of Mother* | Winnie Ann Watkins |
| 6. *Mother's Maiden Name* | Winnie Ann Jefferson |
| 7. *Mother's Birthplace* | Northomberland county Va |
| 8. *Full Name of Father* | Charles Henry Jeferson |
| 9. *Father's Occupation* | Oyster Sefoker |
| 10. *Father's Birthplace* | Lancaster county Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ellen Stobbs |
| *Address* | 42 Sharp Street alley |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18128

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE MD.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male ~~or Female~~)

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Ap 28. 1877

4. *Place of Birth* (Street and Number) 20 Patterson av

5. *Full Name of Mother* Maria A Fogarty

6. *Mother's Maiden Name* " " Carroll

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* James P Fogarty

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. A Tinsley MD

*Address* 484 N Caroline

*Remarks* City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, or their physical condition, whether still born or not, the full name, nativity, and residence of such parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18129

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | April 28th 1877 |
| *4. Place of Birth (Street and Number)* | 38 Bond St. |
| *5. Full Name of Mother* | Caroline Lazarus |
| *6. Mother's Maiden Name* | C. Goldmeyer |
| *7. Mother's Birthplace* | Bavarian |
| *8. Full Name of Father* | Philip Lazarus |
| *9. Father's Occupation* | Dealer |
| *10. Father's Birthplace* | Holland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

18130

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
9
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1st. Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 28th 8 15 P.M. 1877. Twins
4. *Place of Birth* (Street and Number) 288 E. Pratt St.
5. *Full Name of Mother* Margaret Cecelia Hoey
6. *Mother's Maiden Name* Margaret Cecelia McEneil
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Hoey
9. *Father's Occupation* Foreman on Steam Boat
10. *Father's Birthplace* Ireland

*Name of Medical Attendant*, or other Person who makes this Return. Jno E Donnelly M.D

*Address* 299 E. Baltimore Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18131

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
6
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

**The City of Baltimore, shall report to the registrar aforesaid, the date of birth, sex and color of the child or children within six days thereafter, stating distinctly the born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18.132

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

1877

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22
4. *Place of Birth (Street and Number)* No 85 Stiles st
5. *Full Name of Mother* Ellen ~~Xxxxxx~~ Dowd
6. *Mother's Maiden Name* Ellen Rogan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Edward Dowd
9. *Father's Occupation* labor
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Elizbeth Flemming

*Address* No 97. Aldemarle st

*Remarks* healthy

18133

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 29 April

*4. Place of Birth (Street and Number)* 277 Columbia Av.

*5. Full Name of Mother* Charlotte Sperrer

*6. Mother's Maiden Name* Sheid

*7. Mother's Birthplace* Prussia

*8. Full Name of Father* Carl Sperrer

*9. Father's Occupation* Carriage Maker

*10. Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Koch

*Address* 328 S Eutaw St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18134

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ina |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 29th 1877 |
| *4. Place of Birth (Street and Number)* | Light & York sts |
| *5. Full Name of Mother* | Frederika B. Mitchell |
| *6. Mother's Maiden Name* | Frederika B. Erhardt |
| *7. Mother's Birthplace* | Richmond Virginia |
| *8. Full Name of Father* | Wm Mitchell |
| *9. Father's Occupation* | Restaurant Keeper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18135

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* April 29th 1877.
4. *Place of Birth (Street and Number)* 72 Pine
5. *Full Name of Mother* Mary Eliz Cooper
6. *Mother's Maiden Name* Cooke
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George Cooper
9. *Father's Occupation* Coach Maker
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Lewis M Eastman

*Address* 349 Lexington

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18136

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 29 April
4. Place of Birth (Street and Number) 490 W Lombard Street
5. Full Name of Mother Emma Laiher
6. Mother's Maiden Name Emma Shott
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Laiher
9. Father's Occupation Butterdealer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. L. E. Reinhard

Address 224 W Fayette Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18137

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* April 29th 1877

*4. Place of Birth (Street and Number)* No 20 Little Church St

*5. Full Name of Mother* Mary E Rider

*6. Mother's Maiden Name* " " Hunt

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* David Rider

*9. Father's Occupation* Engineer

*10. Father's Birthplace* New York

*Name of Medical Attendant,* or other Person who makes this Return. Mrs C A Lewis

*Address* 162 Hanover St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18138

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 29th
4. *Place of Birth (Street and Number)* No 51 Harrison St
5. *Full Name of Mother* Mary Milano
6. *Mother's Maiden Name* Rachela Golin
7. *Mother's Birthplace* Italy Morsico Nuovo
8. *Full Name of Father* Rocco Milano
9. *Father's Occupation* Trade man
10. *Father's Birthplace* Lourenzana Italy

*Name of Medical Attendant,* or other Person who makes this Return. Weiß Gebauer

*Address* No 26 N. Friedrichstr

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18139

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April 29th 1877. |
| *4. Place of Birth (Street and Number)* | Fort Ave. No 102 |
| *5. Full Name of Mother* | Johanna Reipel |
| *6. Mother's Maiden Name* | Johanna Miller |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | John Reipel |
| *9. Father's Occupation* | Grocery Keeper. |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dorothea Bruns |
| *Address* | 114 Battery Ave. |
| *Remarks* | |

18140

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 4 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6te Kind

*1. Sex (state whether Male or Female)* Mädchen

*2. Race or Color (if not of the white race)* Weiß

*3. Date of Birth* geboren den 29ten April

*4. Place of Birth (Street and Number)* 186 Canton Av

*5. Full Name of Mother* Francis Meier

*6. Mother's Maiden Name* Francis Angst

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* August Meier

*9. Father's Occupation* Handarbeiter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Friederike Kaufmann

*Address* No 178 Corner of Dallas and Eastern Ave

*Remarks* Hemmo

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18111

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

MAY 5 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 29 - 1877
4. *Place of Birth* (Street and Number) 19 N Republican St
5. *Full Name of Mother* Sarah Ann Smuck Thompson
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wm Emory Smuck
9. *Father's Occupation* Boiler-Feeder
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. J E Reese M D

*Address* 89 Mulberry St

*Remarks*

1/14

18142

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Apr 29
4. *Place of Birth (Street and Number)* 28 McEldry Court
5. *Full Name of Mother* Martha Gill
6. *Mother's Maiden Name* Martha Epens
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Gill
9. *Father's Occupation* labor
10. *Father's Birthplace* North Carolina

*Name of Medical Attendant,* or other Person who makes this Return. ~~[illegible]~~ Mr Lear Johnson

*Address* No 32 Short st

*Remarks* Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18143

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
8
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | sixth |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | April 29th 1877. |
| *4. Place of Birth (Street and Number)* | 98 S. Charles St. |
| *5. Full Name of Mother* | Minna Schaub |
| *6. Mother's Maiden Name* | M. Wiegleb |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Hermann Schaub |
| *9. Father's Occupation* | Tavern |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 36 Pearl St. |
| *Remarks* | |

181444

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* april 29, 1877
4. *Place of Birth (Street and Number)* 303 lombert st
5. *Full Name of Mother* Juait sasup
6. *Mother's Maiden Name* Juait ingleson
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* reuben sapp
9. *Father's Occupation* railroad workman
10. *Father's Birthplace* Baltimore county

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153 choptank st

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18143

HEALTH DEPARTMENT
MAY
8
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex* (state whether *Male* or *Female*) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 29th 1877
4. *Place of Birth* (Street and Number) No 439 Lexington St.
5. *Full Name of Mother* Julia Coll
6. *Mother's Maiden Name* Julia Stewart
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Edward Coll
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. George L. Brewer M.D.

*Address* 258 W. Fayette St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18446

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
23
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 30 April |
| *4. Place of Birth (Street and Number)* | No: 3 Dover Str: |
| *5. Full Name of Mother* | Henrietta Georgine Friederike ~~Hutter~~ Hutter |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Freiheit Ostrode a/H. Prov: Hannover, Germany |
| *8. Full Name of Father* | Herrmann Louis Alwino Knorr |
| *9. Father's Occupation* | iron worker |
| *10. Father's Birthplace* | Rosenberg Reg: Bez. Marienwerder W/Pr: |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | Mis Dunlop 60 Schorle |
| *Remarks* | |

18147

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 30
4. *Place of Birth (Street and Number)* Bakers Court, No 3.
5. *Full Name of Mother* Haley Carel
6. *Mother's Maiden Name* Kelly Klein.
7. *Mother's Birthplace* In Baltimor
8. *Full Name of Father* Augus Carel.
9. *Father's Occupation* Capnetmaker.
10. *Father's Birthplace* In Baltimor

*Name of Medical Attendant,* or other Person who makes this Return Catherine Sodtuch

*Address* #439 W Pratt St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18148

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 30 - 77 - |
| *4. Place of Birth (Street and Number)* | 747 W. Baltimore St. |
| *5. Full Name of Mother* | Clara Steele |
| *6. Mother's Maiden Name* | Skurnik |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Louis Steele |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis M. Knight M.D. |
| *Address* | 112 N Greene |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18149

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 30th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Wyeth St No. 8 |
| *5. Full Name of Mother* | Julia Swat |
| *6. Mother's Maiden Name* | Julia Pennington |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Benjiman Swat |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. McFhell |
| *Address* | No 122 Luken st |
| *Remarks* | |

# RETURN OF A BIRTH.

18150

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (*state whether 1st, ~~2d, 3d, &c.~~*)

1. *Sex* (*state whether ~~Male or~~ Female*)

2. *Race or Color* (*if not of the white race*) White.

3. *Date of Birth* April 30th 1877.

4. *Place of Birth* (*Street and Number*) 253 Gough St. (Corner Bank & Chester)

5. *Full Name of Mother* Mary Catharine Buscher.

6. *Mother's Maiden Name* Mary C. Yaeger

7. *Mother's Birthplace* Baltimore City Md.

8. *Full Name of Father* Frederick Buscher.

9. *Father's Occupation* Barber.

10. *Father's Birthplace* Dibmenhorst County Germany

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Bathill.

*Address* 207 S. Broadway.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18151

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, ~~2d, 3d, &c.~~*)

*1. Sex* (*state whether Male ~~or Female~~*)

*2. Race or Color* (*if not of the white race*) White

*3. Date of Birth* April 30th 1877.

*4. Place of Birth* (*Street and Number*) 68 Chester St.

*5. Full Name of Mother* Mary Louisa Hebb.

*6. Mother's Maiden Name* Mary La. Heyer.

*7. Mother's Birthplace* Pennsylvania.

*8. Full Name of Father* John Stephen Hebb.

*9. Father's Occupation* Pilot.

*10. Father's Birthplace* Baltimore City Md.

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Bastill.

*Address* 207 S. Broadway.

*Remarks*

# RETURN OF A BIRTH. 18152

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | No. 4. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Apr. 30th 1877 |
| *4. Place of Birth (Street and Number)* | 105 E Eager |
| *5. Full Name of Mother* | Mary Agnes Glenn |
| *6. Mother's Maiden Name* | " " Jordan |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Glenn |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | G. H. Wayson M. D. |
| *Address* | 18 Asquith St |
| *Remarks* | |

18153

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth April 30th 1877.
4. Place of Birth (Street and Number) 45 Union St.
5. Full Name of Mother Sarah Glazer
6. Mother's Maiden Name Sarah Kappes.
7. Mother's Birthplace Germany
8. Full Name of Father Henry Glazer
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hammer & Fox

Address Physicians

Remarks 190 Penn Ave & 414 W Lombard

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

181511

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

MAY 2 1911 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1th

1. *Sex* (*state whether Male or Female*) Boy
2. *Race or Color* (*if not of the white race*) colord
3. *Date of Birth* april 30/11
4. *Place of Birth* (*Street and Number*) 72 Harmony lane
5. *Full Name of Mother* sarah duvall
6. *Mother's Maiden Name* sdlne
7. *Mother's Birthplace* Prince ga. Co.
8. *Full Name of Father* none
9. *Father's Occupation* none
10. *Father's Birthplace* " " "

*Name of Medical Attendant*, or other Person who makes this Return. Charlotte Proctor

*Address* No 11 Carolton st

*Remarks*

# RETURN OF A BIRTH.

18133

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY 2
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 30 April 1877
4. *Place of Birth* (*Street and Number*) 164 Woodson st Balto
5. *Full Name of Mother* Rosalie Henry
6. *Mother's Maiden Name* Rosalie Seal
7. *Mother's Birthplace* Gloucester City N. J.
8. *Full Name of Father* Josiah Henry
9. *Father's Occupation* Tobacco
10. *Father's Birthplace* Philadelphia, Pa

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Sarah Pollard

*Address* 164 Woodson st Balto

*Remarks*

This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18106

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or otherwise be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 1st 1877 |
| *4. Place of Birth (Street and Number)* | Washington St 376 |
| *5. Full Name of Mother* | Bertha Gunther |
| *6. Mother's Maiden Name* | " Stuik |
| *7. Mother's Birthplace* | Hessen Cassel |
| *8. Full Name of Father* | Herman Gunther |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs R Ellig |
| *Address* | 118 Holland St " City |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18157

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex (state whether Male or Female)* Male Wite
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 day of May 18,77
4. *Place of Birth (Street and Nubber)* 59 Mallarie st
5. *Full Name of Mother* Annie Baker
6. *Mother's Maiden Name* Annie Heimer
7. *Mother's Birthplace* Baltimore M D
8. *Full Name of Father* Fredrick Baker
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore M D

*Name of Medical Attendant, or other Person who makes this Return.* Louis Wiley

*Address* No 12 Paterson Park Avenue

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18158

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY 9
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 1st 1877
4. *Place of Birth (Street and Number)* No 50 Mulberry st
5. *Full Name of Mother* Eliza A. Powell
6. *Mother's Maiden Name* E. A. Richardson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* N. Powell
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Hanford Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winnebarger

*Address* 23 N. Liberty St.

*Remarks*

# RETURN OF A BIRTH.

18159

HEALTH DEPARTMENT
MAY 10 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*hild of Mother, (state whether 1st, 2d, 3d, &c.)* Two

*tate whether Male or Female)* Female

*or Color (if not of the white race)* White

*f Birth* Sixty first of May

*of Birth (Street and Number)* Cockey Street Locust Point

*Name of Mother* Laura Virginia Edmonds

*'s Maiden Name* Laura Virginia Jackson

*'s Birthplace* Baltimore Maryland

*Name of Father* Harry W. Edmonds

*'s Occupation* Laborer

*'s Birthplace* England

*of Medical Attendant,* or other Person who makes this Return. Mrs Cole

*ss*

*ks*

18160

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* ~~Female~~ Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st of May 1877.
4. *Place of Birth (Street and Number)* No 23d. Dallas. st.
5. *Full Name of Mother* Emma. Hamel.
6. *Mother's Maiden Name* Emma. Kueswig.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* W. Kueswig.
9. *Father's Occupation* ~~Germany~~ Upholster.
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary Walter

*Address* R. 3. N. Caroline st.

*Remarks*

Baltimore City May 14/77.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18167

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 1 |
| *4. Place of Birth (Street and Number)* | 204 Greenmount Ave |
| *5. Full Name of Mother* | Isabella Bleauch |
| *6. Mother's Maiden Name* | Kressler |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm J. Crouch |
| *9. Father's Occupation* | Printer |
| *10. Father's Birthplace* | Local County |
| *Name of Medical Attendant, or other Person who makes this Return.* | Priscilla T Lattimore |
| *Address* | 23 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
thin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
orn, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

18162

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st
4. *Place of Birth (Street and Number)* 12 Race st
5. *Full Name of Mother* Catharina J Gunther
6. *Mother's Maiden Name* Reis
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Theodor Gunther
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Knox

*Address* 225 S Eutaw St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18163

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** May 3rd 1877

HEALTH DEPARTMENT
3
1877
BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 3rd "

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* May 1st 1877
4. *Place of Birth* (*Street and Number*) 237 E. Aliceann & Durham St.
5. *Full Name of Mother* Traudie Schoener
6. *Mother's Maiden Name* Traudie Rheinstein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Schoener
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend

*Address* No 137 Wolfe St.

*Remarks* P

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

181624

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 7 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d.
*1. Sex (state whether Male or Female)* Male
*2. Race or Color (if not of the white race)* Mulatto.
*3. Date of Birth* May 1st.
*4. Place of Birth (Street and Number)* No. 93 Conway st.
*5. Full Name of Mother* Mary E. Jackson
*6. Mother's Maiden Name* " " Jones
*7. Mother's Birthplace* Frederick City Md.
*8. Full Name of Father* Chalman Jackson
*9. Father's Occupation* Labourer
*10. Father's Birthplace* Balto, Co.
*Name of Medical Attendant,* or other Person who makes this Return. H. B. Gardner M. D.
*Address* 120 N. Greene st.
*Remarks*

18165

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st or 2d |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | Colour |
| 3. *Date of Birth* | May 1st 1877 |
| 4. *Place of Birth* (Street and Number) | 44 Chestnut alley |
| 5. *Full Name of Mother* | Susan Chew |
| 6. *Mother's Maiden Name* | Dever |
| 7. *Mother's Birthplace* | Balto |
| 8. *Full Name of Father* | John H Chew |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ann Duffy |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18166

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 1st |
| *4. Place of Birth (Street and Number)* | Maternite 163 W Fayette |
| *5. Full Name of Mother* | Pauline Geiger |
| *6. Mother's Maiden Name* | Pauline Meyer |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Unknown |
| *9. Father's Occupation* | Unknown |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | D W Frank, Physician |
| *Address* | 163 W Fayette St |
| *Remarks* | |

18167

HEALTH DEPARTMENT
MAY 1 1877
BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Ap May 1st / Died 15 hours after Birth with Spasms
4. *Place of Birth (Street and Number)* 249 Sharp St.
5. *Full Name of Mother* Mary Shoemaker
6. *Mother's Maiden Name* Meyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Shoemaker
9. *Father's Occupation* Baltimore
10. *Father's Birthplace* Brickmaker

*Name of Medical Attendant,* or other Person who makes this Return. Mary Krohn

*Address* 328 S Eutaw St.

*Remarks* Charles F. Herold 161 Hanover Street Undertaker
Holy Cross Cemetery

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18168

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* may the 1 1877
4. *Place of Birth* (Street and Number) Mulberry St 140
5. *Full Name of Mother* mary L Murry
6. *Mother's Maiden Name* mary L Hooks
7. *Mother's Birthplace* Carline Co md
8. *Full Name of Father* Eakes Murry
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Register St 130

*Remarks*

18169

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* [illegible]

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* Bealton

*7. Mother's Birthplace* U States of America

*8. Full Name of Father* Andrew Rogers

*9. Father's Occupation* Sailor

*10. Father's Birthplace* U States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carter [illegible]

*Address* 52 E. [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18170

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 12th 1877 |
| *4. Place of Birth (Street and Number)* | Harford avenue # 31. |
| *5. Full Name of Mother* | Mary Mentz |
| *6. Mother's Maiden Name* | " Effing |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Henry Mentz |
| *9. Father's Occupation* | Cigar manufacturer |
| *10. Father's Birthplace* | Prussia Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm R. Uhler |
| *Address* | 48 Holland St. " City |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18171

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 1871 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 8 th |
| 1. *Sex* (*state whether Male or Female*) | male |
| 2. *Race or Color* (*if not of the white race*) | colored |
| 3. *Date of Birth* | may 2 nd |
| 4. *Place of Birth* (*Street and Number*) | 214 Sharpe st |
| 5. *Full Name of Mother* | eliza thomson |
| 6. *Mother's Maiden Name* | eliza lee |
| 7. *Mother's Birthplace* | accamack va |
| 8. *Full Name of Father* | levy thomson |
| 9. *Father's Occupation* | labour |
| 10. *Father's Birthplace* | chambridge dorchester |
| *Name of Medical Attendant*, or other Person who makes this Return. | mrs Lydia porter county |
| *Address* | no 4 pratt st avenue |
| *Remarks* | delicate child |

18172

HEALTH DEPARTMENT
MAY 12 1877
BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Nine |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 2d 1877 |
| *4. Place of Birth (Street and Number)* | No 248 Ann St nr Alice Ann St |
| *5. Full Name of Mother* | Ella Meyers Ratcliffe F.P. |
| *6. Mother's Maiden Name* | Ella Meyers. |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | John Ratcliffe |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Mary E. Simms |
| *Address* | No 203 S Washington St. |
| *Remarks* | F.P. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18173

*To the Office of Registrar of Vital Statisiics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
10
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* May 2nd 1877

4. *Place of Birth* (Street and Number) Lemon St. Bet. Mount & Fulton

5. *Full Name of Mother* Sarah Rebecca Cromwell

6. *Mother's Maiden Name* Sarah Rebecca Smith

7. *Mother's Birthplace* Balto Md.

8. *Full Name of Father* John Oliver Cromwell.

9. *Father's Occupation* Iron Moulder.

10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant*, or other Person who makes this Return. James Bosley M.D. 365 Hollins St. Balto.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18174

HEALTH DEPARTMENT MAY 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d.

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 2 d 1877.

*4. Place of Birth (Street and Number)* William Street No 350.

*5. Full Name of Mother* Mary Bergoemmer.

*6. Mother's Maiden Name* Mary Beidngen

*7. Mother's Birthplace* Baltimore. Md.

*8. Full Name of Father* George Bergoemmer

*9. Father's Occupation* Laboren

*10. Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Dorothea Bruns

*Address* 114 Battery Av.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18173

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth Child.

1. *Sex (state whether Male or Female)* A Boy
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Second of May 1877.
4. *Place of Birth (Street and Number)* 81 North Washington st
5. *Full Name of Mother* Lizzie Keenan
6. *Mother's Maiden Name* Lizzie Maher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm John Maher
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Presentia Kunkel

*Address* Seventy-one North Chappelet for John Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18176

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
4
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 2
4. *Place of Birth (Street and Number)* No 167 S Green St
5. *Full Name of Mother* Anna Crouch
6. *Mother's Maiden Name* Anna Perkins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mathias T Crouch
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Somerset Co Maryland

*Name of Medical Attendant, or other Person who makes this Return* Lucy Sidney

*Address* No 1 Patapsco Ave

*Remarks*

the Childe Lived One Days & night

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18177

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
8
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | fourth |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 2d 1877. |
| *4. Place of Birth (Street and Number)* | 12. Booth Street |
| *5. Full Name of Mother* | Katharina Brown |
| *6. Mother's Maiden Name* | K. Schmidt |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Sam. Brown |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Mauer |
| *Address* | 36 Park St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18178

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 2d 1877

*4. Place of Birth (Street and Number)* No 97 [redacted] 25

*5. Full Name of Mother* Mary Lennard

*6. Mother's Maiden Name* Richardson

*7. Mother's Birthplace* Ally

*8. Full Name of Father* John Lennard

*9. Father's Occupation* Iron Roller

*10. Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs E Bushmann

*Address* 120 Bank st.

*Remarks* Died [illegible] (Eiby [redacted])

18179

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 2d 1877
4. Place of Birth (Street and Number) 1/0 177 Gist str
5. Full Name of Mother ~~Ma~~ Dora Diehl
6. Mother's Maiden Name Willmann
7. Mother's Birthplace Germany
8. Full Name of Father Adam Diehl
9. Father's Occupation contractor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18180

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* ~~No 16 Harmony lane~~ May 2/77
4. *Place of Birth* (Street and Number) No 16 Harmony lane
5. *Full Name of Mother* Mary Carter
6. *Mother's Maiden Name* none
7. *Mother's Birthplace* Eastern shore Md
8. *Full Name of Father* George Carter
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Proctor

*Address* No 16 Carlton st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18181

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May the 3th 1877 |
| *4. Place of Birth (Street and Number)* | 180 Hanover Street |
| *5. Full Name of Mother* | Maria Frederick |
| *6. Mother's Maiden Name* | " " Kerne |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles Frederick |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18182

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 3rd 1877
4. *Place of Birth (Street and Number)* No 6 S. Frederick St.
5. *Full Name of Mother* Eliza Jury
6. *Mother's Maiden Name* Eliza Ratty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Jury
9. *Father's Occupation* Hack Driver
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winnebergen

*Address* 23 N. Liberty St.

*Remarks*

18183

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

1

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 1 |
| 1. Sex (state whether Male or Female) | male |
| 2. Race or Color (if not of the white race) | Colored |
| 3. Date of Birth | May 3 1877 |
| 4. Place of Birth (Street and Number) | Willabanson No 39 between Charles on high st |
| 5. Full Name of Mother | frances Tyler |
| 6. Mother's Maiden Name | frances Carance |
| 7. Mother's Birthplace | Baltimore city |
| 8. Full Name of Father | Charles Carance |
| 9. Father's Occupation | Brickmaker |
| 10. Father's Birthplace | Baltimore city |
| Name of Medical Attendant, or other Person who makes this Return. | Margt Chase |
| Address | Midwife |
| Remarks | residence No 6 Nickel court |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

181814

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
10
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* No. 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 3rd 77
4. *Place of Birth (Street and Number)* Union Court
5. *Full Name of Mother* Eliza Ann Williams
6. *Mother's Maiden Name* " " McPherson
7. *Mother's Birthplace* A. A. Co Md
8. *Full Name of Father* Lewis Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto Co Md

*Name of Medical Attendant,* or other Person who makes this Return. G. W Wagner M D

*Address* 18 Striquith St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18185

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the first

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Mai th 3ten

*4. Place of Birth (Street and Number)* St. Euda Street 258. Baltimore Md

*5. Full Name of Mother* Magdalene Helene [redacted] Beier

*6. Mother's Maiden Name* do — — — Büttner

*7. Mother's Birthplace* Sachsen Weimar, Ostheim v d Röhn

*8. Full Name of Father* [redacted] Fridrich Beier

*9. Father's Occupation* Rabined Macker

*10. Father's Birthplace* Sachsen Vogtland, Plauen

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* No 258 St Euda Street

*Remarks* Mr M. Strang No 72. Leadenhall Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18156

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Seventh 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May. the 3d |
| *4. Place of Birth (Street and Number)* | Baltimore. 684 N. Lombard st |
| *5. Full Name of Mother* | Ruth. Ann. Bradford |
| *6. Mother's Maiden Name* | " " Blackiston |
| *7. Mother's Birthplace* | Baltimore. Md. |
| *8. Full Name of Father* | ~~Clergyman~~ Jas. T. Bradford |
| *9. Father's Occupation* | Clergyman. |
| *10. Father's Birthplace* | Baltimore. Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Sinclair |
| *Address* | No 59 Fredrick Av |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18187

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** May 5th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 3rd 1877.
4. *Place of Birth (Street and Number)* 300 bet. Canton Ave & Durham St.
5. *Full Name of Mother* Sahra Nunenthal.
6. *Mother's Maiden Name* Sahra Wertheimer.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* David Nunenthal
9. *Father's Occupation* Baarkeeper.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mary Smith.

*Address* No 137 Wolfe St.

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18185

HEALTH DEPARTMENT MAY 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 3 of May
4. *Place of Birth* (Street and Number) 36 Fredrick Road
5. *Full Name of Mother* Lizzie Hahl
6. *Mother's Maiden Name* A.V. Lang
7. *Mother's Birthplace* Badden
8. *Full Name of Father* William Hahl
9. *Father's Occupation* City Car Driver
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Anne Lindner

*Address* 1043 Monroe St

*Remarks*

18189

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 3rd 1877
4. Place of Birth (Street and Number) No. 732 West Pratt st Balto. Md.
5. Full Name of Mother Elanore Bosley
6. Mother's Maiden Name Elanore Hagner
7. Mother's Birthplace Baltomore
8. Full Name of Father William H. Bosley
9. Father's Occupation Machinist
10. Father's Birthplace Baltomore

Name of Medical Attendant, or other Person who makes this Return. Jane L. Mercer

Address No. 136 McHenry st Balto. Md.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18190

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 3d 1877

*4. Place of Birth (Street and Number)* N 361 N Charles St

*5. Full Name of Mother* Hannah A T. Lee

*6. Mother's Maiden Name* Hannah A T. Tyson

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Columbus O'Donnell Lee

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Frederick County Md

*Name of Medical Attendant,* or other Person who makes this Return. F. H. Natan M.D.

*Address* N 114 Park Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18191

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* May 3d 1877
4. *Place of Birth (Street and Number)* East Fayette St # 199
5. *Full Name of Mother* Harriet E. Marks
6. *Mother's Maiden Name* " " Hanson
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Oscar M. Marks
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R. Ullig

*Address* 48 Holland St "City"

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1892

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 3rd 1877 |
| *4. Place of Birth (Street and Number)* | 1067 Durham St. |
| *5. Full Name of Mother* | Anna McDonald |
| *6. Mother's Maiden Name* | Anna Leonard |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Louis McDonald |
| *9. Father's Occupation* | Tobacco |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. M. A. Bull |
| *Address* | No 181 N. Central avenue Baltimore |
| *Remarks* | All well. |

18193

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 3rd 1877

*4. Place of Birth (Street and Number)* No. 70. Biddle St. near Washington

*5. Full Name of Mother* Catherine Koenig

*6. Mother's Maiden Name* Catherine Paulus

*7. Mother's Birthplace* Bavaria Germany

*8. Full Name of Father* Wm. Koenig

*9. Father's Occupation* Schoemaker

*10. Father's Birthplace* Hessen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Bull

*Address* No 181. N. Central avenue Balt.

*Remarks* Both Well

**Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18194

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 3th 1877
4. *Place of Birth (Street and Number)* No. 335 Central Av.
5. *Full Name of Mother* Gertrud Willinger
6. *Mother's Maiden Name* Gertrud Lipp.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Willinger
9. *Father's Occupation* Sigar Manufacture.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Lena Hillegist

*Address* No 182 E monument.

*Remarks*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 5 1877 on Charles
4. Place of Birth (Street and Number) Montgomery street No 247 hanover
5. Full Name of Mother Laural Hicks
6. Mother's Maiden Name Laura Jenkins
7. Mother's Birthplace Tobaccostick
8. Full Name of Father John Jenkins
9. Father's Occupation sailor
10. Father's Birthplace Tobaccostick

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address residence

Remarks No 6 ricket court between Charles

on light st

**Extract Regulations in the City of Baltimore**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18196

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~May 6th~~ May 4th
4. *Place of Birth (Street and Number)* Charles St 416
5. *Full Name of Mother* E. Easter
6. *Mother's Maiden Name* E Hirsch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Easter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 2 E Elizabeth lane

*Remarks*

18197

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 4th

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* Mollie [illegible]

*6. Mother's Maiden Name* Hirth

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Michael Lehman

*9. Father's Occupation* Store Keeper

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Getzke

*Address* 555 S. Mond St

*Remarks* Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18198

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | W hite |
| *3. Date of Birth* | May 4 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore 408 Eighth street |
| *5. Full Name of Mother* | Elizabeth Baily |
| *6. Mother's Maiden Name* | Elizabeth Colyden |
| *7. Mother's Birthplace* | Maid Morton Buck England |
| *8. Full Name of Father* | John Baily |
| *9. Father's Occupation* | Jeweler |
| *10. Father's Birthplace* | Maid Morton Buck England |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18199

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 4th
4. *Place of Birth* (Street and Number) Red St Near St Paul
5. *Full Name of Mother* Hennietta Mrs Hanwood
6. *Mother's Maiden Name* Miss Glenn
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James H Hanwood
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. W Thomas M D

*Address* 121 N Charles St

*Remarks*

18200

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* May 1877

*4. Place of Birth (Street and Number)* 131 Butler St.

*5. Full Name of Mother* Annie Beltzner

*6. Mother's Maiden Name* Cook

*7. Mother's Birthplace* Germany

*8. Full Name of Father* John Beltzner

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* U. States of America

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Cooper pro Dr.

*Address* 530 Bond Ave.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18201

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3a

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 4th
4. *Place of Birth* (Street and Number) Asquith St- No 575-
5. *Full Name of Mother* Sarah Smith
6. *Mother's Maiden Name* Sarah Porter
7. *Mother's Birthplace* Somerset County New Jersey
8. *Full Name of Father* James H Smith
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* New Jersey

*Name of Medical Attendant,* or other Person who makes this Return. R J Hall, M.D

*Address* No 18 Oliver St Baltimore

*Remarks*

Natural Birth healthy Child Mother attacked on 3a day with Phlegmatia Dolens but yielded to treatment, now doing well.

18202

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
8
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 5th. 4, 1877
4. *Place of Birth (Street and Number)* Canton Av. No 279.
5. *Full Name of Mother* Elisabeth. Sr. Kosser
6. *Mother's Maiden Name* Elisabeth. Sr. Silyacks.
7. *Mother's Birthplace* Baltimore. City
8. *Full Name of Father* John. Ch. Kosser
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Reichenfleth. N. Preussen. Germany

*Name of Medical ~~Attendant~~, or other Person who makes this Return.* Harry E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18203

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May the 4th 1877 |
| *4. Place of Birth (Street and Number)* | 192 Charles Street |
| *5. Full Name of Mother* | Anna Feige |
| *6. Mother's Maiden Name* | " " Thienert |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | William Feige |
| *9. Father's Occupation* | Backer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Meyer |
| *Address* | 74 Leadenhall St. |
| *Remarks* | |

# RETURN OF A BIRTH.

18204

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 4 1877

*4. Place of Birth (Street and Number)* 60 S. Howard ave

*5. Full Name of Mother* Kate Bennett

*6. Mother's Maiden Name* Kate Kilmer

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Christ Bennett

*9. Father's Occupation* Wagon driver

*10. Father's Birthplace* ~~Brin~~ Braden

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Bennett

*Address* 470 Forest

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18205

HEALTH DEPARTMENT
MAY
8
1877
BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 4th, 1877

*4. Place of Birth (Street and Number)* 437 N. Carey St.

*5. Full Name of Mother* Liberty Cluty.

*6. Mother's Maiden Name* Hullinger

*7. Mother's Birthplace* Adams Co. Pa.

*8. Full Name of Father* Rev. Jacob A. Cluty.

*9. Father's Occupation* Clergyman.

*10. Father's Birthplace* Adams Co. Pa.

*Name of Medical Attendant,* or other Person who makes this Return. H. R. Fetterhoff M.D.

*Address* 77 George St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18206

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ame

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Collord

*3. Date of Birth* May 4th 1877

*4. Place of Birth (Street and Number)* No 11 Stoltomaly

*5. Full Name of Mother* mary pyreen

*6. Mother's Maiden Name* mary parret

*7. Mother's Birthplace* somerset co

*8. Full Name of Father* johnn green

*9. Father's Occupation* Cabros

*10. Father's Birthplace* somerset co

*Name of Medical Attendant,* or other Person who makes this Return. C A Worn

*Address* 258 Ra Palaog St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18207

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
14
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or ~~Female~~)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 4th 1877 |
| *4. Place of Birth (Street and Number)* | 55 South Dallas St |
| *5. Full Name of Mother* | Lucy Thomas |
| *6. Mother's Maiden Name* | " Adams |
| *7. Mother's Birthplace* | Nashville Tennessee |
| *8. Full Name of Father* | Lewis Thomas |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | F. E. Fooks MD |
| *Address* | 179 E Balto St |
| *Remarks* | |

18208

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

MAY 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 4th 1877 |
| *4. Place of Birth (Street and Number)* | No 41 Lancaster Str |
| *5. Full Name of Mother* | Mary Hagan |
| *6. Mother's Maiden Name* | Mary Hart |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | John Hagan |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Bushmann |
| *Address* | 120 Bank Str |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18209

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 7 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (~~*state whether 1st*~~, *2d*, ~~*3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (*if* ~~*not of the*~~ *white race*)
3. *Date of Birth* May 5th 1877
4. *Place of Birth (Street and Number)* 226 Germany St.
5. *Full Name of Mother* Margaret E. Burgess.
6. *Mother's Maiden Name* Margaret E. Gibbons.
7. *Mother's Birthplace* Howard Co, Md.
8. *Full Name of Father* William Burgess.
9. *Father's Occupation* Cattern Maker.
10. *Father's Birthplace* Balto City.

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Krozer M.D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18210

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1877 BALTIMORE

No. of Child of Mother (~~state whether 1st,~~ 2d, ~~3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white ~~race~~) 1

3. Date of Birth May, 6th 1877 8 30 A.M.

4. Place of Birth (Street and Number) 106 South Exeter St

5. Full Name of Mother Sarah L. Carr

6. Mother's Maiden Name " " Wright

7. Mother's Birthplace Balto

8. Full Name of Father Alexander R. Carr

9. Father's Occupation Machinist

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. A Tregd Sherkey M.D.

Address 11 S. High St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18211

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
7
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | |
| 1. *Sex* (state whether Male or ~~Female~~) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | Sat May 5th |
| 4. *Place of Birth* (Street and Number) | Henrietta St |
| 5. *Full Name of Mother* | Sarah A. Campsher |
| 6. *Mother's Maiden Name* | Sarah A. Thomas |
| 7. *Mother's Birthplace* | Talbot County Md |
| 8. *Full Name of Father* | Stephen B Campher |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Cambridge Dorchester Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Thomas |
| *Address* | 12 Leadenhall St 94 |
| *Remarks* | Died May 7th Convulsions |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18212

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
7
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** May 5th 1877.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 1877.
4. *Place of Birth (Street and Number)* 16 Castle St.
5. *Full Name of Mother* Ursila Kohmann.
6. *Mother's Maiden Name* Ursila Jacot.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Sebastian Kohmann
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* America.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Arnold.

*Address* No 137 Wolfe St.

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18213

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 5 d. 1877 |
| *4. Place of Birth (Street and Number)* | 128 Jefferson Strit |
| *5. Full Name of Mother* | Friedrike Miller |
| *6. Mother's Maiden Name* | Friedrike Ek |
| *7. Mother's Birthplace* | Germane |
| *8. Full Name of Father* | Gustav Miller |
| *9. Father's Occupation* | Schumaker |
| *10. Father's Birthplace* | Germane |
| *Name of Medical Attendant,* or other Person who makes this Return. | Marie R. Rudiger |
| *Address* | 734 N. Bond Strit Baltimor Md. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

182111

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 5 day of May 1877 |
| *4. Place of Birth (Street and Number)* | No 83 Cambridge st |
| *5. Full Name of Mother* | Jannia Holms |
| *6. Mother's Maiden Name* | Jannia Diamond |
| *7. Mother's Birthplace* | Baltimore M D |
| *8. Full Name of Father* | Jorseph H Helms |
| *9. Father's Occupation* | Subora |
| *10. Father's Birthplace* | Baltimor M D |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park Avnue |
| *Remarks* | Seven month birth |

# RETURN OF A BIRTH.

18215

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 & 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5 1877
4. *Place of Birth (Street and Number)* Cor Fremont & Pennsylvania Ave
5. *Full Name of Mother* Caroline Bergomeyer
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Aug Bergomeyer
9. *Father's Occupation* Cellar digger
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Chas E Sadtler M.D.

*Address* 169 Penna Ave

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18216

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 5th 77
4. *Place of Birth (Street and Number)* Boulain Alley near Gold st
5. *Full Name of Mother* Anna Castle
6. *Mother's Maiden Name* Anna Bates
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin Castle
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Chas E Sadtler M.D.

*Address* 649 Penna Ave

*Remarks*

That any physician, accoucheur, or other person in charge of any lying-in establishment in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18217

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 5th May 1877

*4. Place of Birth (Street and Number)* 2 [illegible] Pleasant

*5. Full Name of Mother* [illegible] Drayton

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* [illegible] States of America

*8. Full Name of Father* George Drayton

*9. Father's Occupation* Laborer

*10. Father's Birthplace* [illegible] States of America

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18218

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 5th 1877
4. *Place of Birth (Street and Number)* No 68 Perry St.
5. *Full Name of Mother* Sophia Abel
6. *Mother's Maiden Name* Sophia Pfeister
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Abel
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18219

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Third |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White. Irish |
| 3. Date of Birth | May 5 1877 |
| 4. Place of Birth (Street and Number) | Maternite 163 W Lombard. |
| 5. Full Name of Mother | Mary Brown |
| 6. Mother's Maiden Name | Mary McConvalle |
| 7. Mother's Birthplace | Ireland. |
| 8. Full Name of Father | John Brown. |
| 9. Father's Occupation | Bricklayer. |
| 10. Father's Birthplace | America. |
| Name of Medical Attendant, or other Person who makes this Return. | Dr W Frank Hines |
| Address | Maternite 163 W Lombard. |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, and who shall not advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18220

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 5th

*4. Place of Birth (Street and Number)* Pine Bird Ln

*5. Full Name of Mother* Annie Ross

*6. Mother's Maiden Name* Annie Macmahon

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* James Ross

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Scotland

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 29 Elizabeth Lane

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18221

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* Saturday May 5th 1877.

*4. Place of Birth (Street and Number)* 44 W. Baltimore St.

*5. Full Name of Mother* Marie Ricco.

*6. Mother's Maiden Name* Marie Pisani

*7. Mother's Birthplace* Tuscany Italy.

*8. Full Name of Father* Adona Ricco.

*9. Father's Occupation* Fruit Stand

*10. Father's Birthplace* Tuscany Italy.

*Name of Medical Attendant,* or other Person who makes this Return. Lorenzo Reiß Gaborne

*Address* No 26 N. Friedrichstraße

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18222

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 5th 1877

*4. Place of Birth (Street and Number)* No 198 Eastern ave

*5. Full Name of Mother* Henrietta Musington

*6. Mother's Maiden Name* " Hillerway

*7. Mother's Birthplace* City

*8. Full Name of Father* Richard Musington

*9. Father's Occupation* Laboron

*10. Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Bushmann

*Address* 120 Bank st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18223

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second E

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 5th 1877

*4. Place of Birth (Street and Number)* N 378 Park Ave

*5. Full Name of Mother* Mary M. Wagner

*6. Mother's Maiden Name* Mary M. Fisher

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Basil Wagner

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. F. Chatard M.D.

*Address* N 114 Park Ave.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18224

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPART MAY 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 children. |
| *1. Sex (state whether Male or Female)* | girl |
| *2. Race or Color (if not of the white race)* | White child |
| *3. Date of Birth* | 5th May. |
| *4. Place of Birth (Street and Number)* | 165 Pennavenue. |
| *5. Full Name of Mother* | Mary Taufel. |
| *6. Mother's Maiden Name* | Mary Rust. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | John Taufel. |
| *9. Father's Occupation* | Carpet veaver, |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Tumler. |
| *Address* | No 60 Schroder street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18225

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | May 5th |
| 4. Place of Birth (Street and Number) | Baltimore 22 Warner St |
| 5. Full Name of Mother | Julia Elizabeth Schmidt |
| 6. Mother's Maiden Name | Julia Elizabeth Mory |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Frederick Schmidt |
| 9. Father's Occupation | Merchant |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Magdalena Sommerfeld |
| Address | Pendvele avenune, 38. |
| Remarks | Well. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18226

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7na |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 6th 1877 |
| *4. Place of Birth (Street and Number)* | 416 S Charles st |
| *5. Full Name of Mother* | Mary Donnelly |
| *6. Mother's Maiden Name* | Mary Moran |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Jas Donnelly |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18227

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th of May.
4. *Place of Birth (Street and Number)* 12 Patterson Park Ave.
5. *Full Name of Mother* Mary Adaline Nelson
6. *Mother's Maiden Name* Mary A. Aitch
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* William J. Nelson
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Somerset Co. Md.

*Name of Medical Attendant, or other Person who makes this Return.* Louisa Wiley

*Address* No 12 Paterson Park Avenue

*Remarks*

# RETURN OF A BIRTH.

18228

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 15 child 1877 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Color |
| *3. Date of Birth* | 6 may |
| *4. Place of Birth (Street and Number)* | 13 Hill street |
| *5. Full Name of Mother* | Mary Ann Harvey |
| *6. Mother's Maiden Name* | Mary Ann Harris |
| *7. Mother's Birthplace* | in Baltimore City |
| *8. Full Name of Father* | Samuel Harvey |
| *9. Father's Occupation* | Brick maker |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Nelly Wade |
| *Address* | 181 York Street |
| *Remarks* | |

*within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

18229

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

1877

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 4 Baltimor May the 6

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Colard

*3. Date of Birth* May the 6

*4. Place of Birth (Street and Number)* West St No 123

*5. Full Name of Mother* Miss Lue Ader Handy 158

*6. Mother's Maiden Name* Miss Luedler Tolsen

*7. Mother's Birthplace* Folberd County Md

*8. Full Name of Father* Milbron Handy

*9. Father's Occupation* firmorn on Seemt

*10. Father's Birthplace* Eyestrend hoore Seemboat

*Name of Medical Attendant,* or other Person who makes this Return. Misses Emly Hught

*Address* West No 234

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18230

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 4 Baltimor Moje Th 6 1877

*1. Sex (state whether Male or Female)* A Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Moje Th 6 1877

*4. Place of Birth (Street and Number)* Hill St No 46

*5. Full Name of Mother* Misses Emma Hounder Hill

*6. Mother's Maiden Name* Miss Emma Heoulde

*7. Mother's Birthplace* Baltimor

*8. Full Name of Father* Mr Joseph Hunderhill

*9. Father's Occupation* Oster Packer

*10. Father's Birthplace* Soumerset Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Miss Hught

*Address* No 234 West St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18231

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 6th 2 45 P. M. 1877 Twins
4. *Place of Birth* (Street and Number) 57 S. Broadway
5. *Full Name of Mother* Laura B. Grafe
6. *Mother's Maiden Name* Laura B. Corney
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry E. Grafe.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Daniel E. Donnelly M.D.

*Address* 299 E. Baltimore St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18232

HEALTH DEPARTMENT MAY 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1st Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 6th 12 M. 1877
4. *Place of Birth* (Street and Number) 104 N. Broadway
5. *Full Name of Mother* Annie Cecilia Cupitt
6. *Mother's Maiden Name* Annie Cecelia
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Fred. A. Ledman Cupitt
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Bath Maine

*Name of Medical Attendant,* or other Person who makes this Return. Saml E. Donnelly M.D.

*Address* 299 E. Baltimore Street

*Remarks*

18233

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First Child |
| 1. Sex (state whether Male or Female) | Female. |
| 2. Race or Color (if not of the white race) | Wit |
| 3. Date of Birth | 6 of May |
| 4. Place of Birth (Street and Number) | Hanover St No 208 |
| 5. Full Name of Mother | Anna James. |
| 6. Mother's Maiden Name | Anna Burgard |
| 7. Mother's Birthplace | Pitzburg |
| 8. Full Name of Father | John James |
| 9. Father's Occupation | Black Smith |
| 10. Father's Birthplace | Pitzburg |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Martin |
| Address | West St No 128 |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18234

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th
4. *Place of Birth (Street and Number)* Little Montgomery [illegible]
5. *Full Name of Mother* Maggie Easter
6. *Mother's Maiden Name* Maggie Ott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Phillip Ott
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 28 Elizabeth Lane

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18235

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th. |
| *1. Sex (state whether Male or Female)* | White |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 6th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Walker St No 39 |
| *5. Full Name of Mother* | Catton Kisjert |
| *6. Mother's Maiden Name* | Catton Webel |
| *7. Mother's Birthplace* | Fichbach Bavaria Germany |
| *8. Full Name of Father* | William Kisjert |
| *9. Father's Occupation* | Carrier |
| *10. Father's Birthplace* | Fichbach Bavaria Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Fisher |
| *Address* | No. 11 South Eutaw St. |
| *Remarks* | |

# RETURN OF A BIRTH.

18236

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 6th 1877
4. Place of Birth (Street and Number) 324 Eastern Ave.
5. Full Name of Mother Bertha L. Behrens
6. Mother's Maiden Name " " May
7. Mother's Birthplace Germany
8. Full Name of Father Manno Behrens
9. Father's Occupation Tobacconist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. James G. McShane, M.D.

Address 68 S. Broadway

Remarks

That any physician, attendant, [illegible] person in charge, who shall attend, [illegible], or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18237

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
29
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First,

1. *Sex* (state whether Male or Female) Male,
2. *Race or Color* (if not of the white race) White,
3. *Date of Birth* May 5th 1877,
4. *Place of Birth* (Street and Number) 196 Barre St- Baltimore,
5. *Full Name of Mother* Mary Pauline Eversman,
6. *Mother's Maiden Name* " " Layer
7. *Mother's Birthplace* Baltimore, Md "
8. *Full Name of Father* Lewis Victor Eversman,
9. *Father's Occupation* Celeste
10. *Father's Birthplace* Baltimore, Md "

*Name of Medical Attendant,* or other Person who makes this Return. John Morris M.D.

*Address* No. 5 Franklin St.

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18235

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 6th 1877 |
| *4. Place of Birth (Street and Number)* | 149 Cross St. |
| *5. Full Name of Mother* | Madoria Dill |
| *6. Mother's Maiden Name* | " Travers. |
| *7. Mother's Birthplace* | Dorchester Co. Md. |
| *8. Full Name of Father* | Edward F. Dill. |
| *9. Father's Occupation* | Sailor. |
| *10. Father's Birthplace* | Kent Co. Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. N. Tall, M.D. |
| *Address* | 15 S. Sharp St. |
| *Remarks* | Child healthy — |

# RETURN OF A BIRTH.

18239

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 1st |
| *1. Sex* (*state whether Male or Female*) | M. |
| *2. Race or Color* (*if not of the white race*) | W. |
| *3. Date of Birth* | May 6th 77. |
| *4. Place of Birth* (*Street and Number*) | 21 E Lanvale St |
| *5. Full Name of Mother* | Katy Elliott |
| *6. Mother's Maiden Name* | Robinson |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Wm Elliott |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. T. Reynolds M.D. |
| *Address* | 186 Aisquith St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18240

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 7th 1877

*4. Place of Birth (Street and Number)* 16 Grindall St

*5. Full Name of Mother* Eliza Everetts

*6. Mother's Maiden Name* Eliza Hood

*7. Mother's Birthplace* Maryland

*8. Full Name of Father* Charles Everetts

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Theodore Cooke M.D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18241

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 7th 1877

*4. Place of Birth (Street and Number)* Jefferson Place Balto Co Md

*5. Full Name of Mother* Louisa J Bayles

*6. Mother's Maiden Name* Louisa J Johnston

*7. Mother's Birthplace* South Carolina

*8. Full Name of Father* Albert T Bayles

*9. Father's Occupation* Engineer U.S.N

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Theodore [illegible]

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

182142

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
1
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 7th May, 1877 |
| *4. Place of Birth (Street and Number)* | 63 Clifford st |
| *5. Full Name of Mother* | Sarah Ann Robinson |
| *6. Mother's Maiden Name* | Zepp |
| *7. Mother's Birthplace* | Fulton W. Va |
| *8. Full Name of Father* | Daniel H. Robinson |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | John Hood M.D. |
| *Address* | 174 Hollins st |
| *Remarks* | |

18243

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 7th May 1877

*4. Place of Birth (Street and Number)* No 17 orange alley

*5. Full Name of Mother* Jenney Gosharn

*6. Mother's Maiden Name* Jenny Barrett

*7. Mother's Birthplace* Fredic

*8. Full Name of Father* Speppert Gosharn

*9. Father's Occupation* Barty

*10. Father's Birthplace* Cushay

*Name of Medical Attendant,* or other Person who makes this Return. Rosette

*Address* Williams No 70 Chesnut

*Remarks* Mother And Child doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18244

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 7
4. Place of Birth (Street and Number) # 27 ~~South~~ Wolf Str.
5. Full Name of Mother Eva Schroen
6. Mother's Maiden Name Eva Dickas
7. Mother's Birthplace Forchheim Bavaria
8. Full Name of Father John Schroen
9. Father's Occupation Tailor
10. Father's Birthplace Burk Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address # 25 South Durham Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

182145

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 May
4. *Place of Birth (Street and Number)* 37 Fayette Street
5. *Full Name of Mother* Augusta Laube
6. *Mother's Maiden Name* Fies
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Lamba
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Joseph Simon

*Address* No 70 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18946

HEALTH DEPARTMENT
MAY
12
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 May
4. *Place of Birth (Street and Number)* No 7 May Street
5. *Full Name of Mother* Minna Gaist
6. *Mother's Maiden Name* Strobl
7. *Mother's Birthplace* Garmany
8. *Full Name of Father* Henry Gaist
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Garmany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18247

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May the 7th 1877 |
| *4. Place of Birth (Street and Number)* | No 16 Lemmon Street |
| *5. Full Name of Mother* | M Wedekind |
| *6. Mother's Maiden Name* | M. Rise |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | J. Wedekind |
| *9. Father's Occupation* | Factory Work |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anna Lindner |
| *Address* | No 45 Monroe Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18248

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 7. 1877. |
| *4. Place of Birth (Street and Number)* | 48 Penna Av |
| *5. Full Name of Mother* | Maggie Flick |
| *6. Mother's Maiden Name* | " Wise |
| *7. Mother's Birthplace* | Baltimore city. |
| *8. Full Name of Father* | James A. Flick |
| *9. Father's Occupation* | Plumber |
| *10. Father's Birthplace* | England. |
| *Name of Medical Attendant,* or other Person who makes this Return. | A Tensley Jr M D |
| *Address* | 454 N. Carey st City. |
| *Remarks* | |

# RETURN OF A BIRTH.

18249

HEALTH DEPARTMENT MAY 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* May the 7th 1877.
4. *Place of Birth* (Street and Number) No 130 Bolton Street
5. *Full Name of Mother* Susan Johnson
6. *Mother's Maiden Name* Ellicott City
7. *Mother's Birthplace*
8. *Full Name of Father* Wesley Johnson
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Ellicott City

*Name of Medical Attendant,* or other Person who makes this Return. Adeline Moody

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18250

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (~~state whether Male or~~ Female)* | |
| *2. Race or Color (~~if not of the~~ white race)* | |
| *3. Date of Birth* | May 7th 1877 |
| *4. Place of Birth (Street and Number)* | 275 W Lexington St, |
| *5. Full Name of Mother* | Carrie Adler |
| *6. Mother's Maiden Name* | Carrie Frank |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Charles Adler |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Hesse Cassel, Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | John J. R. Krozer Wt. |
| *Address* | " " |
| *Remarks* | City |

18251

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 7 of May |
| *4. Place of Birth (Street and Number)* | Rendell St |
| *5. Full Name of Mother* | Mary Sower |
| *6. Mother's Maiden Name* | Mary Greenwood |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Canadoms Sower |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18252

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th 1877.
4. *Place of Birth (Street and Number)* No 176 Hanover st
5. *Full Name of Mother* Jacopa Mulanori
6. *Mother's Maiden Name* Jacopa Buttish
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Victorio Mulinari
9. *Father's Occupation* Stencel Cutter
10. *Father's Birthplace* Italy

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 182 E Monument st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18253

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 7th 1877
4. Place of Birth (Street and Number) No 224 Eastern ave
5. Full Name of Mother Lina Bauer
6. Mother's Maiden Name " Frederich
7. Mother's Birthplace city
8. Full Name of Father George Bauer
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

182511

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
16
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 7th May 1877.
4. *Place of Birth (Street and Number)* No 139 Boston st
5. *Full Name of Mother* Agnes Berderman.
6. *Mother's Maiden Name* Agne Bruns.
7. *Mother's Birthplace* is Germany.
8. *Full Name of Father* Charl Berderman.
9. *Father's Occupation* a Schuemaker.
10. *Father's Birthplace* is Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Midwife Elena Engelbrecht

*Address* No 14 Union st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18255

HEALTH DEPARTMENT
MAY
16
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 Child

*1. Sex (state whether Male or Female)* ~~Male~~ Male.

*2. Race or Color (if not of the white race)* White race.

*3. Date of Birth* the 7 of May 1877.

*4. Place of Birth (Street and Number)* No 254. Pennsylvania avenue.

*5. Full Name of Mother* Amaila Grover

*6. Mother's Maiden Name* Amaila Ammeller.

*7. Mother's Birthplace is* Germany.

*8. Full Name of Father* Adolphe Grover.

*9. Father's Occupation a* Liger maker

*10. Father's Birthplace is* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Mrs Elizabeth

*Address* No 14 Union st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

152556

HEALTH DEPARTMENT
MAY
11
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) one child one mother

1. *Sex* (state whether Male or Female) female Child
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* may the 7 1877
4. *Place of Birth* (Street and Number) Madison St No 7
5. *Full Name of Mother* marthey Barrett
6. *Mother's Maiden Name* marthey Hall
7. *Mother's Birthplace* Harford Co m d
8. *Full Name of Father* Gorge Barrett
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore md

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Welford

*Address* register St 130 Baltimore

*Remarks*

# RETURN OF A BIRTH.

18257

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Child 5th

*1. Sex (state whether Male or Female)* Female Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 6th 1877

*4. Place of Birth (Street and Number)* [illegible] Baltimore

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* William [illegible]

*9. Father's Occupation* Cook

*10. Father's Birthplace* Larkrecha Cushers of Bacon Germany

*Name of Medical Attendant,* or other Person who makes this Return. Catherine M. Pulford

*Address* [illegible]

*Remarks* Please excuse the lateness of returning this paper as it was on the account of sickness.

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18258

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child one mother

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth may the 8·18·77
4. Place of Birth (Street and Number) Temple St No 8 Baltimore md
5. Full Name of Mother Anna Cartor
6. Mother's Maiden Name Anna Suleven
7. Mother's Birthplace Sumersett Co md
8. Full Name of Father James Cartor
9. Father's Occupation Salor
10. Father's Birthplace Harford Co md

Name of Medical Attendant, or other Person who makes this Return. Luzinda Woolford

Address Regesser St No 130 Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, licentiate, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18259

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7. d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 8d of May

4. *Place of Birth (Street and Number)* E. Lombard str. № 163

5. *Full Name of Mother* Henriette Hanison

6. *Mother's Maiden Name* — — — Altheimer

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Bernhard Hanison

9 *Father's Occupation* Pedler

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Hrs. Cäcilie Bernstein

*Address* E. Lombard str. 163.

*Remarks*

# RETURN OF A BIRTH.

18260

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

That any physician, accoucheur, mid wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3rd Child, |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored, |
| *3. Date of Birth* | May 8th |
| *4. Place of Birth (Street and Number)* | 18 N. Dallas st |
| *5. Full Name of Mother* | Susan Ann Meads |
| *6. Mother's Maiden Name* | Susan A. Johnson |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | John Meads |
| *9. Father's Occupation* | Brick Maker |
| *10. Father's Birthplace* | Queenanne County Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sitty Lochman, 73 Bethel st |
| *Address* | 73 Bethel st |
| *Remarks* | |

18261

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex (state whether Male or Female)* Samele
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 8t. 1877.
4. *Place of Birth (Street and Number)* No. 128. Henriette Strat
5. *Full Name of Mother* Maria Gunterman
6. *Mother's Maiden Name* Maria Müller.
7. *Mother's Birthplace* Ellekotsiten
8. *Full Name of Father* Frenk Gunterman
9. *Father's Occupation* Kabinett Macker
10. *Father's Birthplace* Konigreich Praussen.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs M. Strene

*Remarks* No. 32. Liatenhall Strat.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18262

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

*1. Sex (state whether Male or Female)* ~~Male~~ Female

*2. Race or Color (if not of the white race)* — white.

*3. Date of Birth* May 8th 1877.

*4. Place of Birth (Street and Number)* 148 Hughes Str.

*5. Full Name of Mother* Anne Bertha Willing

*6. Mother's Maiden Name* Hase

*7. Mother's Birthplace* Magdeburg. (Germany)

*8. Full Name of Father* Christian Ludwig Rudolph Willing

*9. Father's Occupation* Mechanical Draughtsman & Engineer.

*10. Father's Birthplace* Berlin. (Germany)

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. M Strong.

*Remarks* No 32 Leaterhead Street

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18263

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 8th 1877 |
| *4. Place of Birth (Street and Number)* | No 296 Eastern ave |
| *5. Full Name of Mother* | Hannah Sidney Taylor |
| *6. Mother's Maiden Name* | Hannah Sidney Dorman |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Lewis Thomas Taylor |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr Thomas J. Evans |
| *Address* | No 18 Jackson Place |
| *Remarks* | |

18264

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 8th of May

*4. Place of Birth (Street and Number)* No. 409 West Pratt St.

*5. Full Name of Mother* Johanna Wilhelmina Spangenberg.

*6. Mother's Maiden Name* Künecke

*7. Mother's Birthplace* Prov. Hanover

*8. Full Name of Father* Phillip Spangenberg

*9. Father's Occupation* Huckster

*10. Father's Birthplace* Hessen Cassel.

*Name of Medical Attendant,* or other Person who makes this Return. Dumler

*Address* 60 N. Schroder St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18263

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Baltimore

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18266

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | Twin Brunet. |
| *1. Sex (state whether Male or Female)* | Mail |
| *2. Race or Color (if not of the white race)* | Col. Child |
| *3. Date of Birth* | May 8 1877 |
| *4. Place of Birth (Street and Number)* | Redman Ct. No 3. |
| *5. Full Name of Mother* | Dorchester Co. Md. |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | |
| *8. Full Name of Father* | No Father answer |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Maria Potter |
| *Address* | Redman Ct. No 2 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18267

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one Child one mothe

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colord Race
3. *Date of Birth* many the 8.18.77
4. *Place of Birth* (Street and Number) Central ave 160
5. *Full Name of Mother*
6. *Mother's Maiden Name* Sarah Standley
7. *Mother's Birthplace* Dorchester County md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Susanda Woolford

*Address* Regester St 130 Baltimore

*Remarks*

18268

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 8th May 77

*4. Place of Birth (Street and Number)* 511 W. Fayette St.

*5. Full Name of Mother* Johanna Frederica Nicolai

*6. Mother's Maiden Name* Johanna Fred. Guth

*7. Mother's Birthplace* Mecklenburg Schwerin (Germany)

*8. Full Name of Father* Henry Nicolai

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Dresden (Germany)

*Name of Medical Attendant,* or other Person who makes this Return. J. A. Waldmann M.D.

*Address* 120 Pearl St - Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18269

HEALTH DEPARTMENT
MAY
15
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third - |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | May 8th 1877 |
| *4. Place of Birth (Street and Number)* | 313 Franklin St |
| *5. Full Name of Mother* | Mary Dolch |
| *6. Mother's Maiden Name* | Miller |
| *7. Mother's Birthplace* | Baltto. City |
| *8. Full Name of Father* | John W. Dolch |
| *9. Father's Occupation* | Processor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

# RETURN OF A BIRTH.

15270

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 3 1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Black — Issued |
| *3. Date of Birth* | May 9th 1877 |
| *4. Place of Birth (Street and Number)* | 496 Light St |
| *5. Full Name of Mother* | Mary Ehlen |
| *6. Mother's Maiden Name* | Mary Bair |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Louis C Ehlen |
| *9. Father's Occupation* | Car Conductor |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cobb M.D. |
| *Address* | |
| *Remarks* | |

18271

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Lond, |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Wednesday Morning May 9th 1877 |
| 4. Place of Birth (Street and Number) | 177 N. Central Avenue |
| 5. Full Name of Mother | Sarah A. Crouch. |
| 6. Mother's Maiden Name | Sarah A McMillian |
| 7. Mother's Birthplace | Baltimore Md |
| 8. Full Name of Father | Charles W. Crouch. |
| 9. Father's Occupation | "Car Conductor" |
| 10. Father's Birthplace | Cecil Co. Md |
| Name of Medical Attendant, or other Person who makes this Return. | Wilmer Brinton MD |
| Address | Office 25 1/2 Greenmont Av. |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18272

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 9 May |
| *4. Place of Birth (Street and Number)* | 44 Hillman St |
| *5. Full Name of Mother* | Annie Holden |
| *6. Mother's Maiden Name* | Murphy |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Daniel Holden |
| *9. Father's Occupation* | Stone Cutter |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18273

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 9th 1877. One o'clock a.m.

*4. Place of Birth (Street and Number)* No. 37 Hillen St. Cor. High St.

*5. Full Name of Mother* Mary Anna Bauers

*6. Mother's Maiden Name* Mary Anna Cramer

*7. Mother's Birthplace* ~~Grayton~~ Cumberland, Md.

*8. Full Name of Father* Theadore Bauers

*9. Father's Occupation* Stone Keeper

*10. Father's Birthplace* Osnabrech, Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Lauban Kaiß Gebauer

*Address* No 26. N Frederick Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18274

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar 4th
4. *Place of Birth (Street and Number)* West Stefanor
5. *Full Name of Mother* Minni Hasselberger
6. *Mother's Maiden Name* Minni Lingerman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Hasselberger
9. *Father's Occupation* Grocery Dealer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catharine Horner

*Address* No 28 Elizabeth lane

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18275

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
14
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether ~~Male~~ or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 9th 1877 |
| *4. Place of Birth (Street and Number)* | Ramsay St 160 |
| *5. Full Name of Mother* | Mary B. Furney |
| *6. Mother's Maiden Name* | " Tracy |
| *7. Mother's Birthplace* | Ohio |
| *8. Full Name of Father* | William A Furney |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant;* or other Person who makes this Return. | Horatio No Shultz |
| *Address* | No 11 South Arlington Ave City |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18276

HEALTH DEPARTMENT
MAY
26
187
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Firs |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 9th 77 |
| *4. Place of Birth (Street and Number)* | Street Balto Md |
| *5. Full Name of Mother* | Mary E King |
| *6. Mother's Maiden Name* | Mary E Pate |
| *7. Mother's Birthplace* | Warren Va |
| *8. Full Name of Father* | E R King |
| *9. Father's Occupation* | Saddler |
| *10. Father's Birthplace* | Palmyra Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18277

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 9th 1877
4. *Place of Birth (Street and Number)* N 152 Mulberry St
5. *Full Name of Mother* Annie E. Berg
6. *Mother's Maiden Name* Annie E. Conroy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert B Berg
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Mecklenburg Germany

*Name of Medical Attendant, or other Person who makes this Return.* H Howard M D

*Address* N 114 Park Ave.

*Remarks*

# RETURN OF A BIRTH.

18278

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
16
1877
BALTIMORE

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 5 Child,

1. *Sex* (state whether Male or Female) Female,
2. *Race or Color* (if not of the white race) White, race,
3. *Date of Birth* 9th of May 1877.
4. *Place of Birth* (Street and Number) No 84 Mulberry st
5. *Full Name of Mother* Kate Adolf
6. *Mother's Maiden Name* Kate Angelhardt
7. *Mother's Birthplace* is Germany
8. *Full Name of Father* John Adolf
9. *Father's Occupation* a Store keeper
10. *Father's Birthplace* is Germany

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Anna Engelking

*Address* No 14 Union st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18279

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* may 2 1877

*4. Place of Birth (Street and Number)* 11 harris St

*5. Full Name of Mother* anna Dubb

*6. Mother's Maiden Name* anna ellet

*7. Mother's Birthplace* baltimore city

*8. Full Name of Father* William henry Dubb

*9. Father's Occupation* fisherman

*10. Father's Birthplace* baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel ann garrett

*Address* 433 alice anna St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18280

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 9 d. 1877
4. *Place of Birth (Street and Number)* Kastel nour Shiustret
5. *Full Name of Mother* Margrat Riz
6. *Mother's Maiden Name* Margret Röter
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Kunrat Riz
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie Rudiger

*Address* 134 N Bond Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18281

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
11
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 9 d 1877 |
| *4. Place of Birth (Street and Number)* | 179 s Karolin Street |
| *5. Full Name of Mother* | Caroline Knochel |
| *6. Mother's Maiden Name* | Caroline Hiller |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Georg Knochel |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | German |
| *Name of Medical Attendant,* or other Person who makes this Return. | Maria Rudiger |
| *Address* | 134 s. Bond Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18282

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 7th 1877 |
| *4. Place of Birth (Street and Number)* | N. E. Cor. Aisquith & Pratt sts. |
| *5. Full Name of Mother* | Christiana Becker |
| *6. Mother's Maiden Name* | Christiana Rauch |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Louis Becker |
| *9. Father's Occupation* | Pharmaceist |
| *10. Father's Birthplace* | Hesse Darmstadt |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. L. Wilkins M.D. 77 So. Broadway |
| *Address* | |
| *Remarks* | |

18283

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 9 May 1877

*4. Place of Birth (Street and Number)* 37 [illegible]

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* Germany

*8. Full Name of Father* [illegible]

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

182811

HEALTH DEPARTMENT
MAY
15
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 9th 1877 |
| *4. Place of Birth (Street and Number)* | 541 Saratoga St. |
| *5. Full Name of Mother* | Annie Medora Sitz |
| *6. Mother's Maiden Name* | Woode |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | John Hanson Sitz (Sitz) |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis W. Knight M.D. |
| *Address* | 112 N. Greene |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18285

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Tenth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 9th 1877 |
| *4. Place of Birth (Street and Number)* | No 38 N. Pine St. |
| *5. Full Name of Mother* | Margaret A. Stepney |
| *6. Mother's Maiden Name* | Margaret A. Herbert |
| *7. Mother's Birthplace* | Dorchester Co. Md. |
| *8. Full Name of Father* | Charles Stepney |
| *9. Father's Occupation* | White Washer |
| *10. Father's Birthplace* | Anna Arundel Co. Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Jane Winneberger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

18286

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May the 9th 1877 |
| *4. Place of Birth (Street and Number)* | 84 Leadenhall Street |
| *5. Full Name of Mother* | Anna Katthalls |
| *6. Mother's Maiden Name* | " " Elgelkel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Fredrick Katthals |
| *9. Father's Occupation* | Shoemacker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18287

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fifth Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 18, 1877

*4. Place of Birth (Street and Number)* No 22 1/2 Chestnut

*5. Full Name of Mother* Anna Keely

*6. Mother's Maiden Name* Flaherty

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Peter Keely

*9. Father's Occupation* Oyster Captain

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. M. J. Gaby

*Address* 2 H.H. Bank St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18288

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 10th 1877.
4. Place of Birth (Street and Number)
5. Full Name of Mother Sarah V. Fuller
6. Mother's Maiden Name — Sewill
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Fuller
9. Father's Occupation
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mr. J. Gally Md.

Address 244, Bank St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend any case of birth in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

1822.89

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 11 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Third — (1st live born)

1. *Sex* (state whether ~~Male or~~ Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 10th May 1877. at 12h 30m P. M.

4. *Place of Birth* (Street and Number) 509 W. Fayette St Balto City

5. *Full Name of Mother* Mary Louisa McCoy Hamilton

6. *Mother's Maiden Name* Mary Louisa McCoy

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Lamotta Hamilton Hamilton

9. *Father's Occupation* Clerk to a Steamboat Company

10. *Father's Birthplace* Northampton County Virginia.

*Name of Medical Attendant*, or other Person who makes this Return. Wm. S. Worth M. D.

*Address* 83 Franklin St

*Remarks*

18290

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
14
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 10th 1877
4. *Place of Birth (Street and Number)* # 55 South Castel Str
5. *Full Name of Mother* Margaretha Giesel
6. *Mother's Maiden Name* Margaretha Hummel
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* August Giesel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. M. Lederer

*Address* # 25 S. Durham Str

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend the birth of any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18291

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
24
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 10th of May |
| *4. Place of Birth (Street and Number)* | No 27½ Hoyard St. |
| *5. Full Name of Mother* | Sabine Vaubel |
| *6. Mother's Maiden Name* | Shoertzer |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Vaubel |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte Grosby |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

# RETURN OF A BIRTH.

18292

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 10th May
4. Place of Birth (Street and Number) W. Fayette Street 224
5. Full Name of Mother Mina Reinhard
6. Mother's Maiden Name Mina Benhard
7. Mother's Birthplace Frankfurt a/M Germany
8. Full Name of Father Ferdinand Reinhard
9. Father's Occupation Physician
10. Father's Birthplace Melsungen. Hesse Capel. Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address 224 W Fayette Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH. 18293

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)* | Dna |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 10th 1877 |
| *4. Place of Birth (Street and Number)* | No Washington st |
| *5. Full Name of Mother* | Lavinia R. Johnson |
| *6. Mother's Maiden Name* | Lavinia R. Marshall |
| *7. Mother's Birthplace* | Dorchester County M. d |
| *8. Full Name of Father* | Horace F. Johnson |
| *9. Father's Occupation* | School Teacher |
| *10. Father's Birthplace* | Dorchester Co. M.d |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Thomas P. Evans |
| *Address* | No 18 Jackson Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18294

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 10th 1871 |
| *4. Place of Birth (Street and Number)* | Harrison St 34 |
| *5. Full Name of Mother* | Babette Swartzman |
| *6. Mother's Maiden Name* | " Braun |
| *7. Mother's Birthplace* | Baden Europe |
| *8. Full Name of Father* | George Swartzman |
| *9. Father's Occupation* | Baden Europe |
| *10. Father's Birthplace* | Shoemaker |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rose Ulrig |
| *Address* | 48 Holland St " City " |
| *Remarks* | |

HEALTH DEPARTMENT MAY 12 1871 BALTIMORE

18295

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* may 18
4. *Place of Birth (Street and Number)* union alley
5. *Full Name of Mother* Ida lackman
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. mrs lear Johnson

*Address* no 32 Short st

*Remarks* healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18296

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT BALTIMORE MAY 19 1877

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 10th 1877 |
| *4. Place of Birth (Street and Number)* | No 28 Williamson St |
| *5. Full Name of Mother* | Priscilla Matthews |
| *6. Mother's Maiden Name* | Priscilla Johnson |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | William Matthews |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr Stobb Md |
| *Address* | 17 Hanover |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18297

HEALTH DEPARTMENT MAY 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* ~~Nt 9 Vincent~~ alley May 10/77
4. *Place of Birth* (Street and Number) 9 Vincent alley
5. *Full Name of Mother* Idia White
6. *Mother's Maiden Name* same
7. *Mother's Birthplace* Eastern shore Va
8. *Full Name of Father* None
9. *Father's Occupation* None
10. *Father's Birthplace* None Charlotte Proctor

*Name of Medical Attendant, or other Person who makes this Return.* Charlotte Proctor

*Address* No 10 Carlton st

*Remarks*

18298

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* male 2

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 10th May 1877

*4. Place of Birth (Street and Number)* 194 Canal Ch.

*5. Full Name of Mother* Lizzie Hoop

*6. Mother's Maiden Name* Tennyville

*7. Mother's Birthplace* U. States

*8. Full Name of Father* Conrad Hoop

*9. Father's Occupation* Baker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Cosper per T.

*Address* 52 E. Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15299

HEALTH DEPARTMENT
MAY
15
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Knabe. |
| *2. Race or Color (if not of the white race)* | weiß. |
| *3. Date of Birth* | d. 10 Mai 1877. |
| *4. Place of Birth (Street and Number)* | Baltimore C. Dannell St. |
| *5. Full Name of Mother* | Auguste Strauß. |
| *6. Mother's Maiden Name* | Neumeister. |
| *7. Mother's Birthplace* | Preuß. Rhd. |
| *8. Full Name of Father* | Albert Strauß. |
| *9. Father's Occupation* | Schuhmacher. |
| *10. Father's Birthplace* | Preuß. Rhd. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Samuel Timmen. |
| *Address* | Elliott St. C. |
| *Remarks* | |

18300

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 1st

*1. Sex (state whether Male or Female)* Male healthe

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* born on the 10 of May 1877

*4. Place of Birth (Street and Number)* No. 14 Dover St.

*5. Full Name of Mother* Mr. Anna Blankner

*6. Mother's Maiden Name* M. H. Stoll

*7. Mother's Birthplace* born in Wirtenberg Germ.

*8. Full Name of Father* John Blankner

*9. Father's Occupation* Confectioner

*10. Father's Birthplace* born in Hessen Germ.

*Name of Medical Attendant,* or other Person who makes this Return. Mirs Hiller

*Address* No. 59 Smallwood St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, of the case, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18301

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | ~~May the 10th 1877~~ May the 10th 1877 |
| *4. Place of Birth (Street and Number)* | 192 Warner Street |
| *5. Full Name of Mother* | Margaretha Wedrich |
| *6. Mother's Maiden Name* | " " " Feick |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Heinrich Wiederich |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Cathrina Münch |
| *Address* | 74 Lendenhall St |
| *Remarks* | |

18302

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Two

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 11th 1877

*4. Place of Birth (Street and Number)* 309 Light St

*5. Full Name of Mother* Molly J. Gilbert

*6. Mother's Maiden Name* Molly J. Jenkins

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* A. N. Gilbert

*9. Father's Occupation* Stove Keeper

*10. Father's Birthplace* Hartford Conn

*Name of Medical Attendant,* or other Person who makes this Return. Theodore Cooke M.D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18303

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** May 12th 1877

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 11th 1877
4. *Place of Birth (Street and Number)* 324 Canton Ave.
5. *Full Name of Mother* Mary Suck.
6. *Mother's Maiden Name* Mary Saage.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Friedrick Suck.
9. *Father's Occupation* Wheelright.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mary Amend

*Address* No 137 Wolfe St

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18304

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

REGISTRAR'S DEPARTMENT MAY 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 May
4. *Place of Birth (Street and Number)* 9 Abott St.
5. *Full Name of Mother* Franc. Reiman
6. *Mother's Maiden Name* " " Sikel
7. *Mother's Birthplace* Holetin Bohemia
8. *Full Name of Father* Fra Reiman
9. *Father's Occupation* Schoermacker
10. *Father's Birthplace* Holetin Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 26 Barnes St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18305

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d child

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th May 1877
4. *Place of Birth (Street and Number)* Green [illegible]
5. *Full Name of Mother* Louisa Widdifield
6. *Mother's Maiden Name* Louisa Burgess
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Henry C Widdifield
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 23 Franklin Bal

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18306

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | first child |
| *1. Sex (state whether Male or Female)* | mail |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | may 11th |
| *4. Place of Birth (Street and Number)* | no 36 hill St |
| *5. Full Name of Mother* | martha haredy |
| *6. Mother's Maiden Name* | martha haredy |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | edward garner |
| *9. Father's Occupation* | labour |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Parter |
| *Address* | no 4 papts coarse |
| *Remarks* | healthy child |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18307

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* the 11 of May 1877.
4. *Place of Birth (Street and Number)* No 3.64, Percivane avnew.
5. *Full Name of Mother* Emma Nagel.
6. *Mother's Maiden Name* Emma Thalman.
7. *Mother's Birthplace* in Napless.
8. *Full Name of Father* Herrny Nagel.
9. *Father's Occupation* a Parter.
10. *Father's Birthplace* in Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return. Mistwife Theresa Eigeldinger

*Address* No 14 Univer st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15308

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* Alice Thomas

*1. Sex (state whether Male or Female)* Mail. Col. Child

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 11 th 1877

*4. Place of Birth (Street and Number)* Cream. Alley No 10. Dorchester Co. Md

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father* No Father answer

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Miss Potter

*Address* Redmans Ct No 2

*Remarks*

*within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

18309

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
15
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth Child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th May 1877
4. *Place of Birth (Street and Number)* 277 West Orleans st
5. *Full Name of Mother* Juliana Ghat
6. *Mother's Maiden Name* Johanna Strizel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mbr Strizel
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Present Geo Kuntze

*Address* 277 West Orleans st for Dr John Kuntze

*Remarks* Healthy

*That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of such child or children.

# RETURN OF A BIRTH.

18310

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 11th 1877
4. *Place of Birth (Street and Number)* № 26 Concord St
5. *Full Name of Mother* Matilda Zeigler
6. *Mother's Maiden Name* Matilda Boeidger
7. *Mother's Birthplace* Charlotte N. C.
8. *Full Name of Father* John A. Zeigler
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Wimmenberger

*Address* 23 N. Liberty St

*Remarks*

18311

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 11th 1877

*4. Place of Birth (Street and Number)* No 103 N. Pine St.

*5. Full Name of Mother* Josephine Fallon

*6. Mother's Maiden Name* Josephine Lindenthal

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John C. Fallon

*9. Father's Occupation* Tinner

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18312

HEALTH DEPARTMENT
MAY
16
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 11th 1877. |
| *4. Place of Birth (Street and Number)* | No 44 S Eden st Balto. |
| *5. Full Name of Mother* | Sophie Hones |
| *6. Mother's Maiden Name* | Sophia Hofman. |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Rev Leopold Hones. |
| *9. Father's Occupation* | Minister on Hebrew, (Rabbi) |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Ridgway Godee M D. |
| *Address* | No 121 E Balto. st |
| *Remarks* | |

18313

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 11th 1877. |
| *4. Place of Birth (Street and Number)* | 1 Light Street 64. |
| *5. Full Name of Mother* | Emma C. Schmidt |
| *6. Mother's Maiden Name* | Emma Bruff |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Phillip Schmidt |
| *9. Father's Occupation* | Labore. |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dorthea Breune. |
| *Address* | 114 Battery Av. |
| *Remarks* | |

183114

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12th 1877.
4. *Place of Birth (Street and Number)* No 271 Aisquith st.
5. *Full Name of Mother* Bernhardeina Hebrank.
6. *Mother's Maiden Name* Bernhardeina Willinger.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Golph Hebrank
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Lankaster.

*Name of Medical Attendant,* or other Person who makes this Return. Anna Hillegerst.

*Address* No 182 E Monument st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18315

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 11 1877
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 7th |
| *1. Sex* (*state whether Male or Female*) | Male |
| *2. Race or Color* (*if not of the white race*) | White |
| *3. Date of Birth* | 12 May 1877 |
| *4. Place of Birth* (*Street and Number*) | 16 S. Shrieder st |
| *5. Full Name of Mother* | Clementine V. Clary |
| *6. Mother's Maiden Name* | Brashear |
| *7. Mother's Birthplace* | Carroll Co. Md |
| *8. Full Name of Father* | R. Gassaway Clary |
| *9. Father's Occupation* | Conductor |
| *10. Father's Birthplace* | Carroll Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | John Hood M.D. |
| *Address* | 174 Hollins st |
| *Remarks* | |

18316

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) C Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 12
4. Place of Birth (Street and Number) Hill St No 139
5. Full Name of Mother Marcalenne Bell
6. Mother's Maiden Name Marcalenner Wiging
7. Mother's Birthplace Lotts Burg Va
8. Full Name of Father Nicklas D. Bell
9. Father's Occupation Watter
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Rikhel Drom

Address Henkelton St 122

Remarks

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18317

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of May 77
4. *Place of Birth (Street and Number)* 14 North Wolf Str.
5. *Full Name of Mother* Recka Lemmel
6. *Mother's Maiden Name* Recka Willkanns
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* John Lemmel
9. *Father's Occupation* Potter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Lederer

*Address* 25 S. Durham Str

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18318

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~male~~ 2d child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* may 12 1877

*4. Place of Birth (Street and Number)* 107 Duncan alley

*5. Full Name of Mother* Caroline Connelly

*6. Mother's Maiden Name* Caroline Staumm

*7. Mother's Birthplace* Baltimore county

*8. Full Name of Father* John Connelly

*9. Father's Occupation* laborer

*10. Father's Birthplace* philadelphia

*Name of Medical Attendant,* or other Person who makes this Return. Rachel a garrett

*Address* 433 alice anna St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18319

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*No. of Child of Mother,* (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

*1. Sex* (~~*state whether Male or*~~ *Female*)

*2. Race or Color* (~~*if not of the*~~ *white race*)

*3. Date of Birth* May 12th 77.

*4. Place of Birth (Street and Number)* 92 S. Cary St.

*5. Full Name of Mother* Cecelia E. Kenley

*6. Mother's Maiden Name* Cecelia E. Amos.

*7. Mother's Birthplace* Balto City, Md.

*8. Full Name of Father* Douglas C. Kenley

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Balto City Md.

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Wolzer M.D.

*Address* City

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18320

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11 Child

1. *Sex (state whether Male or Female)* A Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 of May 1877
4. *Place of Birth (Street and Number)* 64 East Mosselderfest
5. *Full Name of Mother* Amilia Sprodee
6. *Mother's Maiden Name* Amilia Krebs
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Kuhn Krebs
9. *Father's Occupation* Kuhn
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 71 North Chappel St. for John Kunkel

*Remarks* Healthy

18321

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Males
2. Race or Color (if not of the white race) ~~black~~ light brown
3. Date of Birth 12 th
4. Place of Birth (Street and Number) Wrights aly No 10
5. Full Name of Mother Elizabeth Miles
6. Mother's Maiden Name Elizabeth Henderson
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles A Miles
9. Father's Occupation Labouer
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue No 13

Remarks died on the 15 teenth with spasms

to be buried in potters field

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18322

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether Male or Female)* Male. 1

2. *Race or Color (if not of the white race)*

3. *Date of Birth* May 12th 1877

4. *Place of Birth (Street and Number)* William Street. 190.

5. *Full Name of Mother* Hermine Young.

6. *Mother's Maiden Name* Hermine Bertenman

7. *Mother's Birthplace* Baltimore. Md.

8. *Full Name of Father* Leon Young.

9. *Father's Occupation* Laborer

10. *Father's Birthplace* France.

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Dorothea Bruns.

*Address* 114 Battery Av.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18323

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 15 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 13 May |
| *4. Place of Birth (Street and Number)* | 100 Fairmont St |
| *5. Full Name of Mother* | Elizabeth Heffner |
| *6. Mother's Maiden Name* | Foeble |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Charles Heffner |
| *9. Father's Occupation* | Shoe Maker |
| *10. Father's Birthplace* | Pennsylvania |
| *Name of Medical Attendant,* or other Person who makes this Return. | Arnold T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

18324

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 13 May |
| *4. Place of Birth (Street and Number)* | 199 Eutaw St |
| *5. Full Name of Mother* | Virginia Piercy |
| *6. Mother's Maiden Name* | Hubbard |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Piercy |
| *9. Father's Occupation* | Daguerreotype Gallery |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Isaiah J Chrisman |
| *Address* | No 23 Fremont Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person who shall attend upon the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18325

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 13th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 13th 1877

*4. Place of Birth (Street and Number)* No 186 Alice Ann str

*5. Full Name of Mother* Maggereth Beck

*6. Mother's Maiden Name* " Blar

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Franz Beck

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Buschmann

*Address* 129 Bank str

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18326

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fourth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 13 of Mai

*4. Place of Birth (Street and Number)* 230 Bond

*5. Full Name of Mother* Kathe. Schumacker

*6. Mother's Maiden Name* " " Peck

*7. Mother's Birthplace* Balto. Md.

*8. Full Name of Father* Joh. Schumacker

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Bremen

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 20 Barnes St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18327

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPT. MAY 24 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* May 13th 1877
4. *Place of Birth* (Street and Number) 30 Bank st.
5. *Full Name of Mother* Mary Anna Frese
6. *Mother's Maiden Name* " " Rogers
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Francis Anton Frese
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Peire F. Dausch M.D.

*Address* 27 N. Broadway.

*Remarks*

18328

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first Child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colord |
| *3. Date of Birth* | May 19 th |
| *4. Place of Birth (Street and Number)* | 132 Orchard St |
| *5. Full Name of Mother* | Ellen ~~Dennis~~ |
| *6. Mother's Maiden Name* | Dennis |
| *7. Mother's Birthplace* | Snow hill M D |
| *8. Full Name of Father* | alexander Downs |
| *9. Father's Occupation* | Porter in a gracy Store |
| *10. Father's Birthplace* | Center bill Queen an County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Jane Debale |
| *Address* | No 33 little Monument St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18329

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 13th 1877
4. *Place of Birth (Street and Number)* Dolphin St No 253
5. *Full Name of Mother* Laura Virginia Harman
6. *Mother's Maiden Name* " " Banks
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Walter L Harman
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. G H Adams MD

*Address* 215 Druid Hill Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18330

HEALTH DEPARTMENT
MAY
23
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 13th 1877 |
| *4. Place of Birth (Street and Number)* | 322 N. Hoffman st |
| *5. Full Name of Mother* | Theresa Stein |
| *6. Mother's Maiden Name* | Theresa Boll |
| *7. Mother's Birthplace* | (Baden) Germany |
| *8. Full Name of Father* | John Casper Stein |
| *9. Father's Occupation* | Constable |
| *10. Father's Birthplace* | Hesse Darmstadt Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Catharina Seybuch |
| *Address* | No 439 W Pratt st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18331

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
22
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* May the 13 1877
4. *Place of Birth (Street and Number)* 85 North Calvert- Balto.
5. *Full Name of Mother* Deborah A. Waters
6. *Mother's Maiden Name* Deborah A. Moore
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexander Waters
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Louisianna

*Name of Medical Attendant, or other Person who makes this Return.* Sophia Hines

*Address* No 135 Chestnut St, Balto.

*Remarks*

18332

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 7 C

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 13. 1877
4. *Place of Birth (Street and Number)* South Register str No 56
5. *Full Name of Mother* Sophie Voigt
6. *Mother's Maiden Name* Sophie Denz
7. *Mother's Birthplace* Unterkreshein Wittenberg
8. *Full Name of Father* Georg Voigt
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Buttenwiesen Bayern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18333

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 May Street
4. *Place of Birth (Street and Number)* 93 Register Street
5. *Full Name of Mother* Louisa Eckart
6. *Mother's Maiden Name* Sodman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Harman Eckert
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No. 70 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, or [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15321

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
19
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 13 th May |
| *4. Place of Birth (Street and Number)* | West St. No 84 |
| *5. Full Name of Mother* | Mary Fritz |
| *6. Mother's Maiden Name* | Mary Kamm |
| *7. Mother's Birthplace* | Bayern |
| *8. Full Name of Father* | Peter Fritz |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wes Shurtz |
| *Address* | West St. No 125 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18335

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 13th

*4. Place of Birth (Street and Number)* No. 89 S. Bethel St

*5. Full Name of Mother* Magdalen Helwig

*6. Mother's Maiden Name* " Shüller

*7. Mother's Birthplace* Germany

*8. Full Name of Father* William Helwig

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Csebzke

*Address* No. 55 S. Bond St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18336

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
17
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 13 May |
| *4. Place of Birth (Street and Number)* | No 1 Abraham St |
| *5. Full Name of Mother* | Catharine Lavan |
| *6. Mother's Maiden Name* | Leary |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Lavan |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Thompson |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18337

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 13th |
| *4. Place of Birth (Street and Number)* | Iceland St |
| *5. Full Name of Mother* | Arintha Riley |
| *6. Mother's Maiden Name* | " " " |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Sam Riley |
| *9. Father's Occupation* | Nothing. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ida Ferry |
| *Address* | |
| *Remarks* | 72 Elbow Lane |

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1838.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 13th May |
| *4. Place of Birth (Street and Number)* | 251 Eager St |
| *5. Full Name of Mother* | Margaretha Faust |
| *6. Mother's Maiden Name* | " Lautenschlager |
| *7. Mother's Birthplace* | Oberau Bavaria |
| *8. Full Name of Father* | Michael Joseph Faust |
| *9. Father's Occupation* | Cabinet-Maker |
| *10. Father's Birthplace* | Groswallstadt Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return. | Waldburga Muller |
| *Address* | 165 Sterling St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18339

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 15 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* [illegible]

*3. Date of Birth* 13th [illegible]

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* [illegible] Hopkins

*6. Mother's Maiden Name* Bendle

*7. Mother's Birthplace* U. States

*8. Full Name of Father* David Hopkins

*9. Father's Occupation* [illegible]

*10. Father's Birthplace* U. States

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* 52 [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18340

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First- |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 13th 1877 |
| *4. Place of Birth (Street and Number)* | 180 Mc Henry St- |
| *5. Full Name of Mother* | Mary Ann Healy |
| *6. Mother's Maiden Name* | Hussey |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Connor Healy |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M.D. |
| *Address* | 112 N. Greene |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18941

BIRTH DEPARTMENT MAY 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 13th 1877.
4. *Place of Birth* (Street and Number) 390. E. Madison
5. *Full Name of Mother* Laura Virginia Haslam
6. *Mother's Maiden Name* " " Williamson
7. *Mother's Birthplace* Monkton - Balto. Co.
8. *Full Name of Father* Jefferson H. Haslam
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace* Baltimore. Md

*Name of Medical Attendant,* or other Person who makes this Return. N. B. O'Reilly M.D.

*Address* 335. N. Broadway

*Remarks*

18342

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 15 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child

1. *Sex (state whether Male or Female)* Last a girl
2. *Race or Color (if not of the white race)* Color White
3. *Date of Birth* 13th of May 1877
4. *Place of Birth (Street and Number)* 86 North wolfe st
5. *Full Name of Mother* Mari Turner
6. *Mother's Maiden Name* Mari Shaffer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Kuhn Shaffer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kundel

*Address* 71 North Chappel st pr John Kundel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

183143

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 14/77 |
| *4. Place of Birth (Street and Number)* | 163 W Lombard st |
| *5. Full Name of Mother* | Rosa Butler |
| *6. Mother's Maiden Name* | Not known |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | Not known |
| *9. Father's Occupation* | " " |
| *10. Father's Birthplace* | " |
| *Name of Medical Attendant, or other Person who makes this Return.* | A H Mackey MD |
| *Address* | 163 W Lombard st |
| *Remarks* | |

1831144

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 3 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend upon any case of birth in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 4th 1877 |
| *4. Place of Birth (Street and Number)* | 151 Conway St |
| *5. Full Name of Mother* | Annie L. Shoffit |
| *6. Mother's Maiden Name* | Annie L Long |
| *7. Mother's Birthplace* | England |
| *8. Full Name of Father* | Dominick V. Shoffit |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Goldsmith |
| *Address* | |
| *Remarks* | |

That any physicinn, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

183465

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
29
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 14th 1877 |
| *4. Place of Birth (Street and Number)* | Mother's near Stricken |
| *5. Full Name of Mother* | Mrs —— Quinn |
| *6. Mother's Maiden Name* | —— Scwell |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Henry Quinn |
| *9 Father's Occupation* | Street Car Conductor |
| *10. Father's Birthplace* | B —— |
| *Name of Medical Attendant, or other Person who makes this Return.* | J Harvey Hill M.D. |
| *Address* | 119 Edmondson Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to report to the registrar aforesaid, of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18346

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

1

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 14th of May

*4. Place of Birth (Street and Number)* No 367 Cathedral St

*5. Full Name of Mother* Kate Sands

*6. Mother's Maiden Name* Yoe.

*7. Mother's Birthplace* Baltimore.

*8. Full Name of Father* Lewis Sands

*9. Father's Occupation* Moulder.

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

# RETURN OF A BIRTH.

18347

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 14th 1877 |
| *4. Place of Birth (Street and Number)* | 141 Dilwyn St. |
| *5. Full Name of Mother* | Kath. Vogel |
| *6. Mother's Maiden Name* | Kath. Smith |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jno. Vogel |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto. city |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Manfield M.D. |
| *Address* | 114 E. Broadway |
| *Remarks* | |

**Any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

18348

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 14th 1877 |
| *4. Place of Birth (Street and Number)* | N. 364 N. Fremont |
| *5. Full Name of Mother* | Mary Virginia Merryman |
| *6. Mother's Maiden Name* | Howell |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Louis Clayton Merryman |
| *9 Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Balti. Co. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. V. Murray M. D. |
| *Address* | N. 10 N. Carey St. |
| *Remarks* | |

153149

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
18
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*of Mother, (state whether 1st, 2d, 3d, &c.)* 1 child

*whether Male or Female)* Male

*Color (if not of the white race)* Colored

*Birth* May 14th 1877

*Birth (Street and Number)* No 33 Walker St. Baltimore Md.

*me of Mother* Hannah Hatchett

*Maiden Name* Hannah Alexander

*Birthplace* Mecklenburg Co Virginia

*me of Father* James Hatchett

*Occupation* Shoe Maker

*Birthplace* Lunenburg Co. Virginia

*f Medical Attendant,* or other Person who makes this Return. Catherine Riley

No. Walker St. Baltimore M.D.

18350

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 14th 1877.

*4. Place of Birth (Street and Number)* No. 167 N. Central avenue

*5. Full Name of Mother* Mollie Marshel

*6. Mother's Maiden Name* Mollie Colli[redacted]ons

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Tony Marshell

*9. Father's Occupation* Clerk.

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No 181 N. Central Avenue 3. doors South Monument

*Remarks* Well.

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18351

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14 d 1877
4. *Place of Birth (Street and Number)* 134 N. Bondstret
5. *Full Name of Mother* Auguste Kolb
6. *Mother's Maiden Name* Auguste Rudiger
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Peter Kolb
9. *Father's Occupation* Tanner
10. *Father's Birthplace* Baltimore M. A.

*Name of Medical Attendant,* or other Person who makes this Return. M. R. Rudiger

*Address* 134 N. Bondstret

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall not have been advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18352

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

Name: Kate Isabella Sheppard

of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether Male or Female) Female

Race or Color (if not of the white race) Colord

Date of Birth May 14 1877

Place of Birth (Street and Number) Sarem Alley 39

Full Name of Mother Josephine Josephine Sheppard

Mother's Maiden Name Josephine Pardy Purdy

Mother's Birthplace Cumberland Md

Full Name of Father David David R Sheppard

Father's Occupation barber

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Sarah Matchers

Address No 40 Walnut Alley

Remarks

18353

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 14th, '77

*4. Place of Birth (Street and Number)* 120 Bolton N.

*5. Full Name of Mother* Louisa H. Corman

*6. Mother's Maiden Name* Louisa H. Stewart

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Chas. H. Corman

*9. Father's Occupation* Dental Depot

*10. Father's Birthplace* Alexandria Va.

*Name of Medical Attendant,* or other Person who makes this Return. John F. Monmonier M.D.

*Address* S. W. Colvert & Reed N.

*Remarks*

That any physician, accoucheur, ... advise at the birth of any child, within the City of Baltimore, shall report to ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

183511

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
16
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge of any lying-in establishment in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 14th 1877 |
| *4. Place of Birth (Street and Number)* | No 243 Sharp st. |
| *5. Full Name of Mother* | Pauline Ledlich |
| *6. Mother's Maiden Name* | Hillenmeier |
| *7. Mother's Birthplace* | Charles Ledlich |
| *8. Full Name of Father* | Baker. |
| *9. Father's Occupation* | both from Germany. |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Lahmeyer midwife |
| *Address* | 213 [illegible] |
| *Remarks* | |

18355

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 14th 77

*4. Place of Birth (Street and Number)* Calvert near Monument

*5. Full Name of Mother* Mrs Davidson

*6. Mother's Maiden Name* ——

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Geo. Davidson

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. M W Kneass

*Address* 131 N Charles

*Remarks* N Balto

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18356

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14 May |
| *4. Place of Birth (Street and Number)* | Donnelly Court |
| *5. Full Name of Mother* | Ann Riely |
| *6. Mother's Maiden Name* | Burns |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Riely |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18357

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** May 16 1877

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 14th 1877.
4. *Place of Birth (Street and Number)* 52 Durham St.
5. *Full Name of Mother* Barbara Hager.
6. *Mother's Maiden Name* Barbara Lang.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Hager.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mary Amend.

*Address* No. 137 Wolfe St.

*Remarks* 1

18358

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* No. 3.

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 14th 1877

*4. Place of Birth (Street and Number)* #46 Low St

*5. Full Name of Mother* Rose Cummings

*6. Mother's Maiden Name* " McInroe

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* John Cummings

*9. Father's Occupation* Grocer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. G. W. Wayson. M.D.

*Address* 18 Hisquith St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18359

HEALTH DEPARTMENT
MAY 15 1877
BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 Children

*1. Sex (state whether Male or Female)* Last of Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 14 of May 1877

*4. Place of Birth (Street and Number)* 7 North Hatman alley

*5. Full Name of Mother* Lize B. Telbush

*6. Mother's Maiden Name* Lize B Muller

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Henry Muller

*9. Father's Occupation* Butler

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 71 North Chappel st Wm John Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18360

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 14th 1877

*4. Place of Birth (Street and Number)* 30 S. Ann St.

*5. Full Name of Mother* Louise Carroll Collison

*6. Mother's Maiden Name* Louise Carroll Watson

*7. Mother's Birthplace* Balto. City

*8. Full Name of Father* Wm. Hy. Watson

*9. Father's Occupation* Printer

*10. Father's Birthplace* Balto. City

*Name of Medical Attendant,* or other Person who makes this Return. G. L. Wilkins M.D.

*Address* 77 So. Broady

*Remarks*

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18361

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 14th 1877 |
| *4. Place of Birth (Street and Number)* | 36 Marion St. |
| *5. Full Name of Mother* | Catherine Gertrude Krager |
| *6. Mother's Maiden Name* | Catherine Gertrude Gerding |
| *7. Mother's Birthplace* | Howard Co. Md. |
| *8. Full Name of Father* | Frank Lütke Krager |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Lohne, Oldenburg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. L. Wilkins M.D. |
| *Address* | 77 So. Broady |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

183621

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
30
1877
BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 14th |
| *4. Place of Birth (Street and Number)* | 7 Russel Street near Fremont. |
| *5. Full Name of Mother* | Alexine Brazier |
| *6. Mother's Maiden Name* | Sunwalt |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Geo W Brazier |
| *9. Father's Occupation* | Plumber |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr Henry Salzer |
| *Address* | 162 W. Lombard Street |
| *Remarks* | |

That any physician, accoucheur, midwife or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18363

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 14 1877 |
| *4. Place of Birth (Street and Number)* | 163 W Lombard st |
| *5. Full Name of Mother* | Emma Howard |
| *6. Mother's Maiden Name* | Not Known |
| *7. Mother's Birthplace* | Dayton Ohio (Md) |
| *8. Full Name of Father* | Not Known |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | A H Wicky MD |
| *Address* | 163 W Lombard st Balto |
| *Remarks* | |

18364

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Jewish race |
| *3. Date of Birth* | May 15th 1877 |
| *4. Place of Birth (Street and Number)* | Mr Ellding St # 13 |
| *5. Full Name of Mother* | Lottie Gutman |
| *6. Mother's Maiden Name* | " Cohen |
| *7. Mother's Birthplace* | Polen Europe |
| *8. Full Name of Father* | Ely Gutman |
| *9. Father's Occupation* | Peddler |
| *10. Father's Birthplace* | Polen Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. Ullig |
| *Address* | 48 Holland St "City" |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18365

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth May 15th 1877
4. Place of Birth (Street and Number) No 543 East Fayette str
5. Full Name of Mother Mary Kane
6. Mother's Maiden Name " Karhoff
7. Mother's Birthplace City
8. Full Name of Father James Kane
9. Father's Occupation Police Officer
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str.

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18366

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 18 of May

*4. Place of Birth (Street and Number)* 16 Abott St

*5. Full Name of Mother* S. Kallal

*6. Mother's Maiden Name* S. Kalikal

*7. Mother's Birthplace* Kelisov Bohemia

*8. Full Name of Father* S. Kallal

*9. Father's Occupation* Cabinet maker

*10. Father's Birthplace* Lucaver Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 20 Barner

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18367

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 15th

*4. Place of Birth (Street and Number)* 119 Rach Alley

*5. Full Name of Mother* Anna Creaghton

*6. Mother's Maiden Name* Vogelson

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* George Creaghton

*9. Father's Occupation* Cigar maker

*10. Father's Birthplace* Chester County

*Name of Medical Attendant,* or other Person who makes this Return. Mary Koch

*Address* 323 S Eutaw St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18365

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White race
3. *Date of Birth* May 15 th
4. *Place of Birth* (Street and Number) 51 E. Eager Street
5. *Full Name of Mother* Mary Gilley
6. *Mother's Maiden Name* Mary Carson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Gilley
9. *Father's Occupation* Brakesman
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Wooden

*Address* 331 Aisquith st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18369

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Mar 15
4. *Place of Birth (Street and Number)* 33 Edward St
5. *Full Name of Mother* margret talar
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* harford co
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. mrs lear johnson

*Address* no 82 short st

*Remarks* healthy child

18370

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fifth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 18th May 1877

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* Lizzie Lindemore

*6. Mother's Maiden Name* Lizzie Banks

*7. Mother's Birthplace* Balto County

*8. Full Name of Father* William Lindemore

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Harford County

*Name of Medical Attendant,* or other Person who makes this Return. Mr Sarah [illegible]

*Address* [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18371
18372

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Seventh & Eight

*1. Sex (state whether Male or Female)* both, Males

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Fifthteenth of May 1877

*4. Place of Birth (Street and Number)* 193 Hudson St Canton Balto

*5. Full Name of Mother* Sarah E. Sinclair

*6. Mother's Maiden Name* Sarah E. Harvey

*7. Mother's Birthplace* Frederick Maryland

*8. Full Name of Father* William Henry Sinclair

*9. Father's Occupation* Labourer

*10. Father's Birthplace* New Burgh Orange County New York

*Name of Medical Attendant,* or other Person who makes this Return. William H. Sinclair

*Address* William, No 193 Hudson St. Baltimore MD

*Remarks* the children are both doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18373

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY 9 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) The 7th child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* born on The 13th
4. *Place of Birth* (Street and Number) Constitution St No 6
5. *Full Name of Mother* Julia Gorey
6. *Mother's Maiden Name* Lynch
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Gorey
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Gorey

*Address*

*Remarks*

# RETURN OF A BIRTH.

18374

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | May 15th, '77 |
| *4. Place of Birth (Street and Number)* | N. E. Cor. Balt & Central Ave. |
| *5. Full Name of Mother* | Georgeanna Carter |
| *6. Mother's Maiden Name* | Georgeanna Smith |
| *7. Mother's Birthplace* | ~~Balt~~ Westmoreland Co Va. |
| *8. Full Name of Father* | Thos. Carter |
| *9. Father's Occupation* | Collector of Accts, |
| *10. Father's Birthplace* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | John F. Monsmonier M.D. |
| *Address* | |
| *Remarks* | S.W. Calvert & Read M. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18375

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE.

*No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)* 6th

1. *Sex (~~state whether~~ Male or Female)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* May 1 [illegible] 11 P.M.
4. *Place of Birth (Street and Number)* 17 [illegible] Donnell St
5. *Full Name of Mother* Elizabeth Jackson
6. *Mother's Maiden Name* " Banks
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm Jackson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] M.D.

*Address* 11 S. High St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18376

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (~~*state whether 1st, 2d, 3d, &c.*~~) 7th

*1. Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)

*2. Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)

*3. Date of Birth* May 15th

*4. Place of Birth (Street and Number)* 38 Harrison St

*5. Full Name of Mother* Uscifus Grosh

*6. Mother's Maiden Name* " Kranegaus

*7. Mother's Birthplace* Poland

*8. Full Name of Father* Andres Grosh

*9. Father's Occupation* Plasterer

*10. Father's Birthplace* Poland

*Name of Medical Attendant,* or other Person who makes this Return. A. J. Sheltzer & Gh. Wayson

*Address* 11 S. High St & 18 Aisquith St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18377

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
17
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 13

1. *Sex* (state whether ~~Male~~ or *Female*) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 15. 1877

4. *Place of Birth* (Street and Number) Vincent al. near Baker al

5. *Full Name of Mother* Ellen Tunfield

6. *Mother's Maiden Name* " Swartzbaugh

7. *Mother's Birthplace* Uniontown Md

8. *Full Name of Father* Philip Tunfield

9. *Father's Occupation* Gardner.

10. *Father's Birthplace* Westminister Md

*Name of Medical Attendant,* or other Person who makes this Return. A. Tinsley MD

*Address* 454 W. Lanvy al

*Remarks* Ch

18378

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
16
1877
BALTIMORE

*Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*(state whether Male or Female)* Female

*ace or Color (if not of the white race)* Colored

*ate of Birth* May 15th 1877.

*ace of Birth (Street and Number)* Chapel Alley, rear of No 65 Tavern Home

*ll Name of Mother* Sarah Elizabeth Giles.

*ther's Maiden Name* Sarah Elizabeth Wingston.

*ther's Birthplace* Somerset Co. Md.

*ll Name of Father* William Giles.

*ther's Occupation* Sailor.

*ther's Birthplace* Somerset Co. Md.

*me of Medical Attendant,* or other Person who makes this Return. Wm Ellen Smith No 92 Chapel Alley

*dress*

*marks*

18379

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May th 15th 1877 |
| *4. Place of Birth (Street and Number)* | 292 Cross Street |
| *5. Full Name of Mother* | Maria Dagg |
| *6. Mother's Maiden Name* | " " Siäger |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm Dagg |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18380

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 15th 1877 |
| *4. Place of Birth (Street and Number)* | 28 Mc Kim St |
| *5. Full Name of Mother* | Mary Fitzpatrick |
| *6. Mother's Maiden Name* | " Bertrand |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Hugh Fitzpatrick |
| *9. Father's Occupation* | Moulder Iron |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | E Hall Ruth De |
| *Address* | 151 E Madison St |
| *Remarks* | |

18381

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* sixth

1. *Sex (state whether Male or Female)* Dose
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 of Mai
4. *Place of Birth (Street and Number)* 338 Egar Str
5. *Full Name of Mother* M. Mathaidar
6. *Mother's Maiden Name* " Deffel
7. *Mother's Birthplace* Hessen
8. *Full Name of Father* Jos. Mathaidus
9. *Father's Occupation* Cabinet-macker
10. *Father's Birthplace* Hungarien.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18382

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) C
3. Date of Birth 16 May
4. Place of Birth (Street and Number) No 202 South Howard St Balm
5. Full Name of Mother Susan E Powell
6. Mother's Maiden Name Sara E Cole
7. Mother's Birthplace Port de Poset M D
8. Full Name of Father James Powell
9. Father's Occupation Pide May St 3 third
10. Father's Birthplace South Carolina

Name of Medical Attendant, or other Person who makes this Return. Rachel Doram

Address Henrietta St No 122

Remarks

18383

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 10th 1877

*4. Place of Birth (Street and Number)* No 366 Aisquith st.

*5. Full Name of Mother* Eleanore Stroettmann.

*6. Mother's Maiden Name* Eleanore Hempel

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Fread Stroettmann

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Lena Gillegeist

*Address* C/o 182 E Monument St

*Remarks*

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

183811

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
30
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 16th 1877 |
| *4. Place of Birth (Street and Number)* | 76 N. Gay Street |
| *5. Full Name of Mother* | Caroline Raabe |
| *6. Mother's Maiden Name* | Becker |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Jno P Raabe |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr Wm Sahrer |
| *Address* | 163 W Lombard St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18385

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 16th 1877 |
| *4. Place of Birth (Street and Number)* | 112 Pearl St. |
| *5. Full Name of Mother* | Louisa Eberwein |
| *6. Mother's Maiden Name* | L. Hanitsch |
| *7. Mother's Birthplace* | Hessen Germany |
| *8. Full Name of Father* | August Eberwein |
| *9. Father's Occupation* | Cigarmaker |
| *10. Father's Birthplace* | Hanover Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl Street. |
| *Remarks* | |

ity of Baltimore, shall report to the registrar aforesaid
he date of birth, sex, and color of the child or childr
still born or not, the full name, nativity, and residenc
other of such child or children.

# RETURN OF A BIRTH.

18386

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
22
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 16th 1877 |
| *4. Place of Birth (Street and Number)* | No 60 Park St Balt. Md. |
| *5. Full Name of Mother* | Mary Lizzie Kunkel |
| *6. Mother's Maiden Name* | " " Gayford |
| *7. Mother's Birthplace* | Birmingham England |
| *8. Full Name of Father* | Fredrick Kunkel |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Catherine Seybold |
| *Address* | # 439 N Bath St |
| *Remarks* | |

# RETURN OF A BIRTH.

18387

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 2 |
| 1. *Sex* (*state whether Male or Female*) | male |
| 2. *Race or Color* (*if not of the white race*) | White |
| 3. *Date of Birth* | May 16 1877 |
| 4. *Place of Birth* (*Street and Number*) | 52 E Penna Ave |
| 5. *Full Name of Mother* | Mary Zimmerman |
| 6. *Mother's Maiden Name* | Mary Hoelscher |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | George Zimmerman |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Elizabeth Schmitt |
| *Address* | 474 Penna Ave |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18388

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 16th May 1877

*4. Place of Birth (Street and Number)* 140 Low St

*5. Full Name of Mother* Julia Hess

*6. Mother's Maiden Name* Kohlenman

*7. Mother's Birthplace* U States

*8. Full Name of Father* Christopher Hess

*9. Father's Occupation* Cabinet maker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carper per [illegible]

*Address* 526 Cornbard

*Remarks*

That any physician, accoucheur, midwife, or other person [illegible] of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall fail to report to the registrar aforesaid, City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1889

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 16th 1877 |
| *4. Place of Birth (Street and Number)* | Lafayette St # 9 |
| *5. Full Name of Mother* | Annie Otto |
| *6. Mother's Maiden Name* | " Hitt |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Peter Otto |
| *9. Father's Occupation* | Cabinet maker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs K. Uhlig |
| *Address* | 48 Holland St City " |
| *Remarks* | |

# RETURN OF A BIRTH.

18390

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored Race |
| *3. Date of Birth* | Mar 16th 1877 |
| *4. Place of Birth (Street and Number)* | 183 Mulliken st |
| *5. Full Name of Mother* | Marietta Wallis |
| *6. Mother's Maiden Name* | Marietta Harris |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Henry Wallis |
| *9. Father's Occupation* | Seamen |
| *10. Father's Birthplace* | Pensylvania |
| *Name of Medical Attendant,* or other Person who makes this Return. | Lucinda Woolfrid |
| *Address* | 130 Register st |
| *Remarks* | |

18391

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 May
4. *Place of Birth (Street and Number)* 91 Granby Street
5. *Full Name of Mother* Anna Branfleck
6. *Mother's Maiden Name* Branfleck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* got no Father
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No 40 Granby Street

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18392

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3des Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Mai the. 16, 1877
4. Place of Birth (Street and Number) N. Wolfe St. No. 70
5. Full Name of Mother Elise E. Reiter
6. Mother's Maiden Name Elise E. Bauer
7. Mother's Birthplace Kirchheimbolanden Kr. Baiern, Germany
8. Full Name of Father Johann Reiter
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore. City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall fail to report to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18393

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

REGISTER CLERK
MAY
24
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 17th 1877 |
| *4. Place of Birth (Street and Number)* | 36 McCulloh St. |
| *5. Full Name of Mother* | Eva J. Christian |
| *6. Mother's Maiden Name* | Taylor |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Jno. D. Christian |
| *9. Father's Occupation* | Boot Keeper |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | Hanover & Baltimore |
| *Remarks* | |

# RETURN OF A BIRTH.

153911

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 17th 77 |
| *4. Place of Birth (Street and Number)* | 25 Chew Street |
| *5. Full Name of Mother* | Charlotte Byers |
| *6. Mother's Maiden Name* | Charlotte Crowder |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles H. Byers |
| *9. Father's Occupation* | Real Estate Broker |
| *10. Father's Birthplace* | Canada |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 276 Mc Donogh st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18395

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 17th 77

*4. Place of Birth (Street and Number)* No. 11 Clemmens St. Locust Point

*5. Full Name of Mother* ~~Ella Livingstone~~ Ella Williams

*6. Mother's Maiden Name* Ella Livingstone

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* James Williams

*9. Father's Occupation* Boatman

*10. Father's Birthplace* Buffalo New York

*Name of Medical Attendant,* or other Person who makes this Return. Margaret Elle

*Address*

*Remarks*

18396

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2"

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 17th

*4. Place of Birth (Street and Number)* No 14 Oregon Ter Arlington Ave

*5. Full Name of Mother* Pauline Schiminger

*6. Mother's Maiden Name* Pauline Grender

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Herman Schiminger

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Miss Lander

*Address* 60 Hockley

*Remarks*

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18397

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | 17th May 1877 |
| 4. Place of Birth (Street and Number) | 518 Lexington St. |
| 5. Full Name of Mother | Catharine W. McNeil |
| 6. Mother's Maiden Name | Stork |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Wm. John McNeil |
| 9. Father's Occupation | Stonecutter |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | John Hood, M.D. |
| Address | 274 Hollins St. |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18398

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17th 1st A. M. 1877
4. *Place of Birth (Street and Number)* 123 S. Ann
5. *Full Name of Mother* Louisa Brown
6. *Mother's Maiden Name* Louisa Mathaney
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jas. Alex. Brown
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. James E. Dwinelle M.D.

*Address* 299 E. Baltimore St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18399

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* may 17. 1877
4. *Place of Birth (Street and Number)* 140 east bank st
5. *Full Name of Mother* martha a bauhn
6. *Mother's Maiden Name* martha a collins
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* gotleib bauhn
9. *Father's Occupation* Larrer
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. mary con ner 153 choptank st

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18400

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17th 1877
4. *Place of Birth (Street and Number)* Baltimore Tucker St No 38
5. *Full Name of Mother* Mary Hiland
6. *Mother's Maiden Name* Mary Hardy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Hiland
9. *Father's Occupation* Mechanist
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. C. Mitchell

*Address* No 122 Parkin St.

*Remarks*

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18401

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 17 May 1877

*4. Place of Birth (Street and Number)* 33 McCole Street

*5. Full Name of Mother* Charlotte Williams

*6. Mother's Maiden Name* Charlotte Lawing

*7. Mother's Birthplace* Balto County

*8. Full Name of Father* John Williams

*9. Father's Occupation* Chocolatemaker

*10. Father's Birthplace* Bellair

*Name of Medical Attendant,* or other Person who makes this Return. Rose Williams

*Address* No 70 Chestnut Street

*Remarks* Mother And Child doing well

Just any physician, accoucheur, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, and any person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~18417~~ 18402

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 17 May |
| *4. Place of Birth (Street and Number)* | No 93 Spring Street |
| *5. Full Name of Mother* | Mary Williams |
| *6. Mother's Maiden Name* | Mary Brown |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | George Williams |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Elliot Mill Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rosa Williams No |
| *Address* | No 70 Chestnut Street |
| *Remarks* | Mother And Child doing Well |

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18103

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*No. of Child of Mother,* (~~state whether 1st, 2d, 3d, &c.~~) (Second)

*1. Sex* (*state whether Male or Female*) (Male)

*2. Race or Color* (~~If not of the~~ *white race*)

*3. Date of Birth* May 17. 1877.

*4. Place of Birth* (*Street and Number*) (no. number) Argyle Ave.

*5. Full Name of Mother* Elizabeth Katch

*6. Mother's Maiden Name* Elizabeth Ehlar

*7. Mother's Birthplace* Lancaster Penna.

*8. Full Name of Father* John Katch

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Washington D.C.

*Name of Medical Attendant,* or other Person who makes this Return. Dr W. Otterbein Coonce

*Address* Penna Ave & Baker St.

*Remarks*

# RETURN OF A BIRTH.

184014

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth (4th)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17. 1877
4. *Place of Birth (Street and Number)* No. 7 Arch st.
5. *Full Name of Mother* Elizabeth Scharnagl.
6. *Mother's Maiden Name* Elizabeth Hesse.
7. *Mother's Birthplace* Köln in Saxony, Germany.
8. *Full Name of Father* Lorenzo Scharnagl.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Agar, Austria.

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Seebach

*Address* # 439. W. Pratt st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18405

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 3

1. *Sex* (state whether Male or Female) Male Child
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* ~~Mar~~ May. the 17. 18. 77
4. *Place of Birth* (Street and Number) no. 1. Shells oles.
5. *Full Name of Mother* Mary. Johnson
6. *Mother's Maiden Name* Mary. nalson
7. *Mother's Birthplace* londoner
8. *Full Name of Father* george nalson
9. *Father's Occupation* ~~attorn~~ cold labor.
10. *Father's Birthplace* nolmon

*Name of Medical Attendant*, or other Person who makes this Return. M. m. Mary. E. Chew

*Address* no. 8. Bolton St. Baltimore. M. d

*Remarks*

1

15106

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
23
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person who shall attend upon the birth of any child in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First one |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 17. 1877 |
| *4. Place of Birth (Street and Number)* | 658 W. Baltimore St |
| *5. Full Name of Mother* | Johana Margrett Eliza Rau |
| *6. Mother's Maiden Name* | " " " Grönwold |
| *7. Mother's Birthplace* | Blankenäsa Holstein |
| *8. Full Name of Father* | John August Rau |
| *9. Father's Occupation* | Laboror |
| *10. Father's Birthplace* | Brausendorf Posen |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Saunders |
| *Address* | 60 Schroder |
| *Remarks* | |

18407

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall fail to report to the Registrar of the City of Baltimore, shall advise at the birth of any child, within the City aforesaid, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the day on which such child was born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 May 1879
4. *Place of Birth (Street and Number)* No 93 Albemarle street
5. *Full Name of Mother* Emey Rore
6. *Mother's Maiden Name* E. Stockman
7. *Mother's Birthplace* America
8. *Full Name of Father* John Rore
9. *Father's Occupation* labor
10. *Father's Birthplace* America

*Name of Medical Attendant, or other Person who makes this Return.* Eliza Flannery

*Address* No 97 Albemarle St

*Remarks* Healthy

HEALTH DEPARTMENT MAY 21 1879 BALTIMORE

18408

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 17 May

*4. Place of Birth (Street and Number)* 278 Front St

*5. Full Name of Mother* Sarah McGraw

*6. Mother's Maiden Name* Connolly

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* James McGraw

*9. Father's Occupation* Cypressman

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Ursula T. Chrismer

*Address* No 23 Forrest Place

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18409

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17th
4. *Place of Birth (Street and Number)* 261 Gough Str
5. *Full Name of Mother* Kate Siebert
6. *Mother's Maiden Name* Kate Siebert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin A. Schuster
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. Lederer

*Address* 25 S Gurham Str

*Remarks*

18410

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 May
4. *Place of Birth (Street and Number)* 91 Washington
5. *Full Name of Mother* Charley Jager Margaretta Jager
6. *Mother's Maiden Name* Great
7. *Mother's Birthplace* Garming
8. *Full Name of Father* Charley Jager
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Garming

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* 1070 Granby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall fail to report to the registrar aforesaid, of the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18411

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 17 d 1877 |
| *4. Place of Birth (Street and Number)* | 36 n Harlem Stret |
| *5. Full Name of Mother* | Marie Graf |
| *6. Mother's Maiden Name* | M. Shaw |
| *7. Mother's Birthplace* | Baltimor |
| *8. Full Name of Father* | Carl Graf |
| *9. Father's Occupation* | Cleark |
| *10. Father's Birthplace* | S. Luis Amerika |
| *Name of Medical Attendant, or other Person who makes this Return.* | M. R. Ruediger |
| *Address* | 134 n. Bondstret |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18412

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) light brown
3. *Date of Birth* 17th
4. *Place of Birth* (Street and Number) 214 Vine st
5. *Full Name of Mother* Rebeca ~~Wilson~~ Spangelberger
6. *Mother's Maiden Name* Rebeca Williams
7. *Mother's Birthplace* Richmond
8. *Full Name of Father* John Spangelberger white man
9. *Father's Occupation* laborer
10. *Father's Birthplace* Richmond Va

*Name of Medical Attendant*, or other Person who makes this Return. Lydia Somerville

*Address* Clinton Avenue

*Remarks*

That any physician, accoucheur, midwife, or other person in charge of any case of birth occurring in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18413

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) [illegible]

1. *Sex* (state whether Male or Female) Female Child Living Healthy
2. *Race or Color* (if not of the white race) Colard Child
3. *Date of Birth* 17 of May Year of Lord 1877
4. *Place of Birth* (Street and Number) Rear of Hill St No 5
5. *Full Name of Mother* Hester Jane Cornick
6. *Mother's Maiden Name* Hester Jane Willson
7. *Mother's Birthplace* Baltimore MD
8. *Full Name of Father* Thos Henry Cornick
9. *Father's Occupation* Brick Burner
10. *Father's Birthplace* Dorchester Cnty Mary Land

*Name of Medical Attendant,* or other Person who makes this Return. Grace Wesley

*Address* Henry Willson

*Remarks*

Erase all miss stakes and if not Kite please to Fill it out

18414

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth May 18th 1877
4. Place of Birth (Street and Number) 68 N. Calvert
5. Full Name of Mother Mary Ann Dunn
6. Mother's Maiden Name " " Neligan
7. Mother's Birthplace Baltimore City
8. Full Name of Father Christopher Joseph Dunn
9. Father's Occupation Trunk maker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. P. G. Dausch M.D.

Address 27. N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18415

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 May 1877
4. Place of Birth (Street and Number) 205 Register
5. Full Name of Mother Thersl Wagner
6. Mother's Maiden Name Thersl Bergert
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Werner
9. Father's Occupation Shy Guinn
10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs E L Fray

Address 193 So Chester St

Remarks Hetthy Ch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18116

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* sixth

*1. Sex (state whether Male or Female)* Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 18 Mai

*4. Place of Birth (Street and Number)* 223 Bond St

*5. Full Name of Mother* Anna Dann

*6. Mother's Maiden Name* " " Effer

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Crist Dann

*9. Father's Occupation* Labrer

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. J. Conrad

*Address* 20 Barney

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18417

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
26
1887
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | ~~negro~~ white |
| *3. Date of Birth* | may 10 |
| *4. Place of Birth (Street and Number)* | Bruce st 12 |
| *5. Full Name of Mother* | Carline wise |
| *6. Mother's Maiden Name* | Carline Buschey |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Andrew wise |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Anderson |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

15115

HEALTH DEPT
JUN
8
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 18th 1877 |
| *4. Place of Birth (Street and Number)* | No 97 N Ann St |
| *5. Full Name of Mother* | Wilhelmina Winkelmes |
| *6. Mother's Maiden Name* | " Graefe |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Joseph Winkelmes |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Buschmann |
| *Address* | 120 Bank st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

181419

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 54 Conway St May 18th 1879 |
| *4. Place of Birth (Street and Number)* | 54 Conway St |
| *5. Full Name of Mother* | Mary Lowe |
| *6. Mother's Maiden Name* | Mary Leary |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Geo E. Lowe |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Lockard |
| *Address* | |
| *Remarks* | |

JUL 1 1879 BALTIMORE

18420

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 18th

*4. Place of Birth (Street and Number)* 140 Weber St

*5. Full Name of Mother* Anna Meyer

*6. Mother's Maiden Name* Brockhagen

*7. Mother's Birthplace* Prussia

*8. Full Name of Father* Charles Meyer

*9. Father's Occupation* Boxmaker

*10. Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

18421-18422-18423

That any physician, accoucheur, midwife, or other person who shall attend upon the birth of any child in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

184244

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 18 th 1877 |
| *4. Place of Birth (Street and Number)* | 132 West st |
| *5. Full Name of Mother* | Johanna Mihm |
| *6. Mother's Maiden Name* | Frohling |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | John Mihm |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Lehnwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18425

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2e |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 18 1871 |
| *4. Place of Birth (Street and Number)* | No 29 Patterson Ave |
| *5. Full Name of Mother* | Mary Louise Groscup |
| *6. Mother's Maiden Name* | Mary Louise Weber |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Groscup |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabeth Schmidt |
| *Address* | 476 Peron Ave |
| *Remarks* | |

18426

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* verry fair

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* May 18
4. *Place of Birth (Street and Number)* Wayn st 20
5. *Full Name of Mother* kate Mills
6. *Mother's Maiden Name* kate ringle
7. *Mother's Birthplace* Canday
8. *Full Name of Father* george Mills
9. *Father's Occupation* drive a dray
10. *Father's Birthplace* talbert Co

*Name of Medical Attendant,* or other Person who makes this Return. Mary ann dossey

*Address* Wayn st 170

*Remarks* five dollars

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15427

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 15th 1877 |
| *4. Place of Birth (Street and Number)* | 529 Light St. |
| *5. Full Name of Mother* | Lottie Briers |
| *6. Mother's Maiden Name* | Lottie Lewis |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Jas. Wm Briers |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. R Dewe M.D. |
| *Address* | 599 Light St. |
| *Remarks* | |

18428

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 18 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Baltimore May 18 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White Race |
| *3. Date of Birth* | on the 18 |
| *4. Place of Birth (Street and Number)* | bethel street number 66 |
| *5. Full Name of Mother* | Bara, Turner |
| *6. Mother's Maiden Name* | Seeifel |
| *7. Mother's Birthplace* | Porthmes Virginia |
| *8. Full Name of Father* | Henry P. Seeifel |
| *9. Father's Occupation* | barber |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | by Georgiana burden |
| *Address* | 68 South bethel st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18429

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | Thard Child |
| *1. Sex (state whether Male or Female)* | Male Child |
| *2. Race or Color (if not of the white race)* | this ot Colark |
| *3. Date of Birth* | 15 th of Marg 1877 |
| *4. Place of Birth (Street and Number)* | Warner St No 242 |
| *5. Full Name of Mother* | Full Nam ofm Stanpart |
| *6. Mother's Maiden Name* | ~~not~~ m husband |
| *7. Mother's Birthplace* | Queen st nn County eston Shore |
| *8. Full Name of Father* | the Child ~~did~~ live A half |
| *9. Father's Occupation* | houre after it wose Borne |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte A Johnson |
| *Address* | |
| *Remarks* | No. 171. Warner St |

18430

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai the. 18. 1877
4. *Place of Birth (Street and Number)* S. Broadway No. 140
5. *Full Name of Mother* Margaretha Cunzemann
6. *Mother's Maiden Name* Margaretha Hammann
7. *Mother's Birthplace* Hepsesau K. Wurtemberg. Germany
8. *Full Name of Father* Johann. A. Cunzemann
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Oberforschutz K. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall not [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

151131

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st.

*1. Sex (state whether Male or Female)* Male.

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* May 18 - 1877.

*4. Place of Birth (Street and Number)* 52 Paca St -

*5. Full Name of Mother* Laura Wallace.

*6. Mother's Maiden Name* Andrews.

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* Kenneth Wallace.

*9 Father's Occupation* Clerk.

*10. Father's Birthplace* Harford Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Dr W. P. Morgan.

*Address* 175 Saratoga St.

*Remarks*

That any physician, accoucheur, midwife, or other person required by law to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18432

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th May
4. *Place of Birth (Street and Number)* No 41 S. Bethel St
5. *Full Name of Mother* Margarete Wöenke
6. *Mother's Maiden Name* " Agnes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Göenke
9. *Father's Occupation* Laborer
10. *Name of Medical ~~Attendant~~, or other Person who makes this Return.* Mrs Gilbythe

*Address* No. 55 S. Bond St

*Remarks*

18433

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 19th 77.

*4. Place of Birth (Street and Number)* 206. E. Pratt St.

*5. Full Name of Mother* Julia Delaney.

*6. Mother's Maiden Name* " Delerie

*7. Mother's Birthplace* Baltimore.

*8. Full Name of Father* James H. Delaney.

*9 Father's Occupation* Restaurateur,

*10. Father's Birthplace* Ireland.

*Name of Medical Attendant,* or other Person who makes this Return. N. P. Clarke-M.D.

*Address* 235. Gough-St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

184311

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) mother of [illegible]

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth may 19 1877
4. Place of Birth (Street and Number) no 120 [illegible] avenue
5. Full Name of Mother frank cury
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md
8. Full Name of Father no account of father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. lear Walker

Address no 98 Dallas St

Remarks

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18435

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* seventh

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 19 Mai

*4. Place of Birth (Street and Number)* 200 Lancaster St

*5. Full Name of Mother* Jose Primus

*6. Mother's Maiden Name* Jos Hlavac

*7. Mother's Birthplace* Wozic Bohemia

*8. Full Name of Father* Ant Primus

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Scacic Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. J Conrad

*Address* 20 Barnes St

*Remarks*

# RETURN OF A BIRTH.

131136

HEALTH DEPARTMENT
MAY
26
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 te

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 19 te Mai 1877
4. *Place of Birth (Street and Number)* Baltimore Fort Road 16
5. *Full Name of Mother* Mari Halbak
6. *Mother's Maiden Name* Mari Framer
7. *Mother's Birthplace* Fasfosen
8. *Full Name of Father* Josef Halbak
9. *Father's Occupation* Blacksmit
10. *Father's Birthplace* Baiern.

*Name of Medical Attendant,* or other Person who makes this Return. Margott Eth.

*Address*

*Remarks*

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18437

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19th 1877.
4. *Place of Birth (Street and Number)* No 547 N Gay st
5. *Full Name of Mother* Anna Klassert.
6. *Mother's Maiden Name* Anna Gerhard
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Nickolaus Klassert.
9. *Father's Occupation* School teacher.
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 182 monument.

*Remarks*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18438

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1st. Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19th 1130 P. M. 1877
4. *Place of Birth (Street and Number)* 187 S. Bond. St.
5. *Full Name of Mother* Anna Elizabeth Hagan
6. *Mother's Maiden Name* Anna Elizabeth Herrold
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Peter Agustus Hagan
9. *Father's Occupation* Taylor Cutter
10. *Father's Birthplace* New York

*Name of Medical Attendant,* or other Person who makes this Return. James E. Dwinelle M.D.

*Address* 299 E Baltimore St

*Remarks*

18439

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 19, 1877
4. *Place of Birth (Street and Number)* Baltimore Welch Alley, No. 4.
5. *Full Name of Mother* Martha Brooks.
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Immaculate Conception.
9. *Father's Occupation* — —
10. *Father's Birthplace* — —

*Name of Medical Attendant,* or other Person who makes this Return. J. H. Scauff M.D.

*Address* No 183 W. Fayette St.

*Remarks* Now est.

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1844-40

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUNE
2
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | May 19/77. |
| *4. Place of Birth (Street and Number)* | 178 Pennsylvania Av. |
| *5. Full Name of Mother* | Mary E. Hartsock. |
| *6. Mother's Maiden Name* | Lewis. |
| *7. Mother's Birthplace* | Genesee Co New York. |
| *8. Full Name of Father* | S. M. Hartsock |
| *9. Father's Occupation* | Clergyman. |
| *10. Father's Birthplace* | Elmira N.Y. |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. R. Fetterhoff M.D. |
| *Address* | 77 George St. |
| *Remarks* | |

18441

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Child 7 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 19th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore No 595 Cazzalvion |
| *5. Full Name of Mother* | Agnes Ensor |
| *6. Mother's Maiden Name* | Agnis Linton |
| *7. Mother's Birthplace* | State Main |
| *8. Full Name of Father* | Jesse A Ensor |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | City Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Mis Lumber 60 Schoorlee |
| *Remarks* | |

18442

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* 19. May
4. *Place of Birth (Street and Number)* Baltimore Reeses. alley No 12.
5. *Full Name of Mother* Margred Davis
6. *Mother's Maiden Name* Margred Scorfield
7. *Mother's Birthplace* Easton Shore
8. *Full Name of Father* Edward Davis
9. *Father's Occupation* Brickyard
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary ann d Dorsy

*Address* Wayn st 170

*Remarks* five dollars

That any physician, accoucheur, midwife, or other person, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

181443

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 19th 1877
4. Place of Birth (Street and Number) No 120 Bank str
5. Full Name of Mother Cumi Mills
6. Mother's Maiden Name Cumi Mills
7. Mother's Birthplace Dorchester Cty MD.
8. Full Name of Father Levin McNamara
9. Father's Occupation Mariner (Captain.)
10. Father's Birthplace Dorchester Co. MD.

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~18446~~
18444

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 19 May 1877

*4. Place of Birth (Street and Number)* 91 Chemist Street

*5. Full Name of Mother*

*6. Mother's Maiden Name* Mary Elizabeth Jones

*7. Mother's Birthplace* Mary Elizabeth Jones

*8. Full Name of Father* Johnson Jones

*9. Father's Occupation* Hod Carrier

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Rosa Walker

*Remarks* No 70 Chemist Street

18445

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Third |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | May 19th 1877 |
| 4. Place of Birth (Street and Number) | 40 Fountain Str F.P. |
| 5. Full Name of Mother | Lizzie Engelbrecht Wiest |
| 6. Mother's Maiden Name | Lizzie Engelbrecht |
| 7. Mother's Birthplace | Germany |
| 8. Full Name of Father | Jacob Wiest |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace | America |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Mary E Simms |
| Address | #203 S. Washington Str |
| Remarks | Tells Bint |

That any physician, accoucheur, midwife, or other person in charge, who shall attend a lying-in, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18446

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* May the 19 1877

*4. Place of Birth (Street and Number)* Baltimore No St Mary St

*5. Full Name of Mother* Emma Starks

*6. Mother's Maiden Name* Bowyer

*7. Mother's Birthplace* Fredrick Co. md

*8. Full Name of Father* Isaac Starks

*9. Father's Occupation* Waiter

*10. Father's Birthplace* Richmond va

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18447

HEALTH DEPARTMENT
MAY
22
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 19 May |
| *4. Place of Birth (Street and Number)* | 187 Fort St |
| *5. Full Name of Mother* | Margaret Dalrymple |
| *6. Mother's Maiden Name* | Clark |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas Dalrymple |
| *9. Father's Occupation* | Can Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Daniel J Chrisman |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

18448

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 14th May 1877

*4. Place of Birth (Street and Number)* 20 Paca St.

*5. Full Name of Mother* Fannie Montgomery

*6. Mother's Maiden Name* Camp

*7. Mother's Birthplace* U. States of Ill.

*8. Full Name of Father* Thomas Montgomery

*9. Father's Occupation* Engineer

*10. Father's Birthplace* U. States

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper per [illegible]

*Address* 52 6th Fourth St.

*Remarks* —

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18449

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* may 19 1877

*4. Place of Birth (Street and Number)* 403 alicean na st

*5. Full Name of Mother* mary e smith

*6. Mother's Maiden Name* mary riches

*7. Mother's Birthplace* baltimore city

*8. Full Name of Father* Jorge smith

*9. Father's Occupation* laborer

*10. Father's Birthplace* baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel ann garrett

*Address* 433 alicanna st

*Remarks*

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend upon the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

181150

HEALTH DEPARTMENT MAY 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) (Fourth,

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 19th 1877

4. *Place of Birth* (Street and Number) No 37 Penn Avenue

5. *Full Name of Mother* Augusta Madden

6. *Mother's Maiden Name* " Crook

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph Madden

9. *Father's Occupation* Plumber

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Chas Fawcett M.D.

*Address* 92 Mosher St

*Remarks*

18451

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 May
4. *Place of Birth (Street and Number)* 47 N. Caroline
5. *Full Name of Mother* Francis Ruley
6. *Mother's Maiden Name* Marshall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John M. Ruley
9. *Father's Occupation* drives a Furniture wagon
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Gertraud Miller

*Address* 151 E. Pratt St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18452

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20th 12th P.M. 1877
4. *Place of Birth (Street and Number)* 319 N. Caroline
5. *Full Name of Mother* Sarah Francis Fowler
6. *Mother's Maiden Name* Sarah Francis Meyers
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Henry Fowler
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. James E. Dwinelle M.D.

*Address* 299 E. Baltimore St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, after the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

151153

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 20th 1877.

*4. Place of Birth (Street and Number)* S. Sharp St.

*5. Full Name of Mother* Abigail East.

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* Henry East.

*9. Father's Occupation* Milk Dealer.

*10. Father's Birthplace* England.

*Name of Medical Attendant, or other Person who makes this Return.* J. Walton White M.D.

*Address* 67 N. Gilmor St.

*Remarks*

That any physician, accoucheur, midwife or other person who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1814 11

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 8 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 21st 1877 |
| *4. Place of Birth (Street and Number)* | No 502 E Fayette St. |
| *5. Full Name of Mother* | Mary Haschert |
| *6. Mother's Maiden Name* | " Hackelton |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Lenhard Haschert |
| *9. Father's Occupation* | Agent |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Buschmann |
| *Address* | 120 Bank st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15153

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wht |
| *3. Date of Birth* | 20 of May |
| *4. Place of Birth (Street and Number)* | William St No 1 |
| *5. Full Name of Mother* | Bedia Lannoway |
| *6. Mother's Maiden Name* | Bedia Welsh |
| *7. Mother's Birthplace* | Irland |
| *8. Full Name of Father* | Joseph Lannoway |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | County of Mayo. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Miss Martin |
| *Address* | West St No 125 |
| *Remarks* | |

18456

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 d.

1. *Sex (state whether Male or Female)* Mädchen.
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 20 Mai 1877.
4. *Place of Birth (Street and Number)* Baltimore Canton St.
5. *Full Name of Mother* Katharine Krahl
6. *Mother's Maiden Name* Stratmann.
7. *Mother's Birthplace* Hessen-Darmstadt.
8. *Full Name of Father* Samuel Krahl.
9. *Father's Occupation* Bierbrauer
10. *Father's Birthplace* Würtemberg.

*Name of Medical Attendant,* or other Person who makes this Return. Anna Rimmen.

*Address* Elliott St. 61.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18457

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | first child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | colored mother white father |
| *3. Date of Birth* | may the 20 th |
| *4. Place of Birth (Street and Number)* | race corte \| above least |
| *5. Full Name of Mother* | george anna bondon |
| *6. Mother's Maiden Name* | georgeanna bondon |
| *7. Mother's Birthplace* | alca mack va |
| *8. Full Name of Father* | john pop |
| *9. Father's Occupation* | labourer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | healthy child |
| *Remarks* | no ~~H fa~~ |
| | no H papts co avenue |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, a case of advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18455

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 17 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* No 20th 1876
4. *Place of Birth* (Street and Number) No 6 Brannons Court
5. *Full Name of Mother* Charlotte Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Talbot Co
8. *Full Name of Father* Ambrose Smith
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Maria Potter

*Address* No 6 Brannons Court N. A

*Remarks*

# RETURN OF A BIRTH.

18458.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, within the City of Baltimore, at the birth of any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth (5th) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 20th |
| *4. Place of Birth (Street and Number)* | 342 E. Pratt st |
| *5. Full Name of Mother* | Mary Elizabeth Diver |
| *6. Mother's Maiden Name* | Mary E Johnson |
| *7. Mother's Birthplace* | Jersey City N J |
| *8. Full Name of Father* | William Diver |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Barger |
| *Address* | 260 East Lombard st |
| *Remarks* | |

MAY 20 1877 BALTIMORE

# RETURN OF A BIRTH.

18459

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAY 29 1871 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth (5th) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 20th |
| *4. Place of Birth (Street and Number)* | 342 "E" Pratt st |
| *5. Full Name of Mother* | Mary Elizabeth Diver |
| *6. Mother's Maiden Name* | Mary E Johnson |
| *7. Mother's Birthplace* | Jersey City N.J. |
| *8. Full Name of Father* | William Diver |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore City Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Bargat |
| *Address* | 260 East Lombard st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15460

D

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Fe Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 20 May 1877 |
| *4. Place of Birth (Street and Number)* | 201 Vaugh St |
| *5. Full Name of Mother* | Sarah Wagner |
| *6. Mother's Maiden Name* | Sarah Kirby |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Samuel Wagner |
| *9. Father's Occupation* | Sale Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E L Fray |
| *Address* | 193 So Chester St |
| *Remarks* | Healthy C |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~18459~~ 18460½

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 20th May |
| *4. Place of Birth (Street and Number)* | 16 diamond St |
| *5. Full Name of Mother* | Mary B Gallagher |
| *6. Mother's Maiden Name* | Mary B Considine |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thos Gallagher |
| *9. Father's Occupation* | huckster |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Lindner |
| *Address* | 45 Munro St |
| *Remarks* | |

# RETURN OF A BIRTH.

18461

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9th "

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 20th 1877
4. *Place of Birth (Street and Number)* 22 E. Lombard
5. *Full Name of Mother* Mary Cecilia Miles
6. *Mother's Maiden Name* " " Mc. Gee
7. *Mother's Birthplace* Washington County Maryland
8. *Full Name of Father* William Wilson Mills
9. *Father's Occupation* Hay Dealer
10. *Father's Birthplace* Baltimore County Maryland

*Name of Medical Attendant,* or other Person who makes this Return. P. S. Donaghue

*Address* 27. N. Broadway.

*Remarks*

18462

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1 Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* colored

*3. Date of Birth* 20 of May 1877

*4. Place of Birth (Street and Number)* No 1 Patapsico ave

*5. Full Name of Mother* Julia Chinn

*6. Mother's Maiden Name* Julia Sidney

*7. Mother's Birthplace* Northumberland Co va

*8. Full Name of Father* Alfred Chinn

*9. Father's Occupation* fireman

*10. Father's Birthplace* Northumberland Co va

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Lewy Sidney

*Remarks*

No 1 Patapsico ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18468

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

| | |
|---|---|
| Child of Mother (state whether 1st, 2d, 3d, &c.) | 5 |
| (state whether Male or Female) | Female |
| or Color (if not of the white race) | Colored |
| of Birth | May. 20th 1877 |
| e of Birth (Street and Number) | No 14 Booth. st. |
| Name of Mother | Jr Kate Hall |
| her's Maiden Name | Kate Jones |
| her's Birthplace | Baltimore |
| l Name of Father | Jacob Robertson |
| her's Occupation | Huxster in the Market |
| ther's Birthplace | Maryland |
| me of Medical Attendant, or other Person who makes this Return. | Milly. Blake |
| ddress | 50 Carlton st. |
| emarks | living and doing. well. |

18464

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

BALTIMORE HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | May 20. |
| 4. Place of Birth (Street and Number) | Gilmor St |
| 5. Full Name of Mother | Amanda Turner |
| 6. Mother's Maiden Name | Amanda Harbert |
| 7. Mother's Birthplace | Delaware |
| 8. Full Name of Father | J Berry Turner |
| 9. Father's Occupation | Clerk |
| 10. Father's Birthplace | Balto |
| Name of Medical Attendant, or other Person who makes this Return. | H M Nitson |
| Address | 251 Madison Av |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18465

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 21, 1877

*4. Place of Birth (Street and Number)* No 40 Canton Ave.

*5. Full Name of Mother* Mary Ecker

*6. Mother's Maiden Name* Gibmeyer

*7. Mother's Birthplace* Balto City

*8. Full Name of Father* Peter Ecker

*9. Father's Occupation* Farmer

*10. Father's Birthplace* Baltimore Co.

*Name of Medical Attendant,* or other Person who makes this Return. M. J. [illegible]

*Address* 244 Bank St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be in advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18466

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 21st. 1877 |
| *4. Place of Birth (Street and Number)* | No 310. E. Monument St. |
| *5. Full Name of Mother* | Christiana Tiemann. |
| *6. Mother's Maiden Name* | Christiana Mayron |
| *7. Mother's Birthplace* | Baltimore City. |
| *8. Full Name of Father* | Louis Tiemann |
| *9. Father's Occupation* | Cigar Manufacturer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. H. A. Bull. |
| *Address* | No 181, N. Central ave. Baltimore |
| *Remarks* | All well |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18467

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 21 1877
4. *Place of Birth (Street and Number)* 139 south chester st
5. *Full Name of Mother* Ellen coughlan
6. *Mother's Maiden Name* Ellen burnele
7. *Mother's Birthplace* ireland
8. *Full Name of Father* patrick coughlan
9. *Father's Occupation* book keeper
10. *Father's Birthplace* ireland

*Name of Medical Attendant, or other Person who makes this Return.* mary conner 153 chestank st

*Address*

*Remarks*

# RETURN OF A BIRTH.

18467 1/2

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* No 8

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 2nd 1877

*4. Place of Birth (Street and Number)* No 6 Etting Shed

*5. Full Name of Mother* Mary Elizabeth Holland

*6. Mother's Maiden Name* Mary Elizabeth Bumpass

*7. Mother's Birthplace* Hanover Co Va

*8. Full Name of Father* William Samuel Holland

*9. Father's Occupation* Brass Finisher

*10. Father's Birthplace* Richmond Va

*Name of Medical Attendant,* or other Person who makes this Return. G F Adams

*Address* 215 Druid Hill Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18468

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
24
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | A Boy |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21 May 1877 |
| *4. Place of Birth (Street and Number)* | 60 North Chapel st |
| *5. Full Name of Mother* | Ellen Beker |
| *6. Mother's Maiden Name* | Ellen Wolf Wagner |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph Wagner |
| *9. Father's Occupation* | Laborman |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Presentia Kunkel |
| *Address* | 71 North Chapel st |
| *Remarks* | Healthy |

per John Kunkel

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18469

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 21 May 1877
4. *Place of Birth* (Street and Number) 119½ Washington St
5. *Full Name of Mother* Sarah Callan
6. *Mother's Maiden Name* Sarah Kirby
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis Callen
9. *Father's Occupation* Shovel Dealer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return,* M E L Fray

*Address* 193 So Chester St

*Remarks* Healthy Child

18470

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Monday May 21st 1877

4. Place of Birth (Street and Number) 74 N. Calvert St

5. Full Name of Mother Mollie Berry

6. Mother's Maiden Name —

7. Mother's Birthplace —

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. E. Geddings Welch M.D.

Address 51 N. Calvert St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge of [illegible] City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18471

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai the. 21. 1877
4. *Place of Birth (Street and Number)* N. Spring St. No. 19
5. *Full Name of Mother* Dorothea Harris
6. *Mother's Maiden Name* Dorothea Har
7. *Mother's Birthplace* Gunrode- K. Preussen Germany
8. *Full Name of Father* Louis H. Harris
9. *Father's Occupation* Clerk. in Dry Good Store
10. *Father's Birthplace* Grünstadt. K. Baiern Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Müller

*Address* N. Dallas St. No. 26.

*Remarks*

18472

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 21 May 1877

*4. Place of Birth (Street and Number)* Cor Hampstead & Wheelwright

*5. Full Name of Mother* Lucy Wetzler

*6. Mother's Maiden Name* Spiller

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Otto Wetzler

*9. Father's Occupation* Cooper

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper per D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18473

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 21st 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Ramsey St. No. 201 |
| *5. Full Name of Mother* | Eliza Bell |
| *6. Mother's Maiden Name* | Eliza Rogers |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Bell |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No. 122 Parkin St |
| *Remarks* | |

# RETURN OF A BIRTH.

184711

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2.d. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | white. |
| *3. Date of Birth* | 21. of Mai. |
| *4. Place of Birth (Street and Number)* | 106. East Street. |
| *5. Full Name of Mother* | Maria. H. Weidenhamer. |
| *6. Mother's Maiden Name* | — — Nicklas. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Eduard. F. R. Weidenhamer. |
| *9. Father's Occupation* | Cabinetmaker. |
| *10. Father's Birthplace* | Towring Towsoni. (Germany) |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. Somerfeld. |
| *Address* | N 38 Penn. st. |
| *Remarks* | well. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1847

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* mother of four children

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* may 21 ~~[illegible]~~ 1877
4. *Place of Birth (Street and Number)* no. 18 Glerring coart
5. *Full Name of Mother* Elira Jane mather
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* no count of father
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Leon Walker

*Address* No 74 Dallas st Baltimore

*Remarks*

That any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18476

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the 12

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White tho 21 ten 1877
3. *Date of Birth* May the 21 ten 1877
4. *Place of Birth (Street and Number)* 202 Eager St. n
5. *Full Name of Mother* Jina Huth
6. *Mother's Maiden Name* Makellady
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Khun Huth
9. *Father's Occupation* Tayler
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Miss Sauer 113 Harfort, ave.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18477

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 401 Canton avenue Baltimore M D
4. *Place of Birth (Street and Number)* 21 of May
5. *Full Name of Mother* Mary Cohes
6. *Mother's Maiden Name* Mary Gebmier
7. *Mother's Birthplace* Germinee
8. *Full Name of Father* Peter Cohes
9. *Father's Occupation* Labora
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Louisa Wiley

*Address* No 12 Paterson Park Avenue

*Remarks* Cald in Doctor Gately

# RETURN OF A BIRTH.

18478

18478

HEALTH DEPARTMENT
MAR
26
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* 21 May 1877
4. *Place of Birth (Street and Number)* Milliman St. near Broadway
5. *Full Name of Mother* Mary Blomberg
6. *Mother's Maiden Name* Kolmer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Blomberg
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertraud Keller

*Address* 151 E Pratt St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18479

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Col'd |
| *3. Date of Birth* | May 21st 1877 |
| *4. Place of Birth (Street and Number)* | 179 York Street |
| *5. Full Name of Mother* | Mary Crosby |
| *6. Mother's Maiden Name* | " " Xxxx |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Collumbus Crosby |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Jones |
| *Address* | Spring Gardens ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18180

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 20 1877 |
| *4. Place of Birth (Street and Number)* | Wilmington St |
| *5. Full Name of Mother* | Louisa K Rouse |
| *6. Mother's Maiden Name* | " Diedrich |
| *7. Mother's Birthplace* | Prussia Europe |
| *8. Full Name of Father* | Jacob K Rouse |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Prussia Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Kelly |
| *Address* | 40 Holland St City |
| *Remarks* | |

# RETURN OF A BIRTH.

18481

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 22d 18 71 |
| *4. Place of Birth (Street and Number)* | No 270 S Bond st. |
| *5. Full Name of Mother* | Elizabeth Walper |
| *6. Mother's Maiden Name* | " Krause |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | John Walper |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Buschmann |
| *Address* | 120 Bank St. |
| *Remarks* | |

HEALTH DEPARTMENT JUN 8 1871 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1882

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

JUL 13 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 22nd. (5:50 P. M.) 1877
4. *Place of Birth* (Street and Number) 356 E. Lombard St.
5. *Full Name of Mother* Sarah Maria Cunningham
6. *Mother's Maiden Name* Sarah Maria Byrne
7. *Mother's Birthplace* Talbot Co. Md.
8. *Full Name of Father* Clinton Winfield Cunningham
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant*, or other Person who makes this Return. Simon E. Donnelly

*Address* 299 E. Baltimore St.

*Remarks*

18483

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3.te |
| *1. Sex (state whether Male or Female)* | Madgen |
| *2. Race or Color (if not of the white race)* | " |
| *3. Date of Birth* | 22. Mai 1877 |
| *4. Place of Birth (Street and Number)* | Eastern Av. 157 |
| *5. Full Name of Mother* | Dina Nolte |
| *6. Mother's Maiden Name* | Milker |
| *7. Mother's Birthplace* | Hannover |
| *8. Full Name of Father* | Friedrich Nolte |
| *9. Father's Occupation* | Stockmeyer |
| *10. Father's Birthplace* | Quackenbrück b. Bremen |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

184814

HEALTH DEPARTMENT MAY 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | may 22 1877 |
| *4. Place of Birth (Street and Number)* | 148 chapl tank St |
| *5. Full Name of Mother* | mary ruth |
| *6. Mother's Maiden Name* | mary phillipes |
| *7. Mother's Birthplace* | baltimore city |
| *8. Full Name of Father* | Jacob ruth |
| *9. Father's Occupation* | can maker |
| *10. Father's Birthplace* | baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rachel a garrett |
| *Address* | 433 alicanna St |
| *Remarks* | |

18485

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* May 22nd 1877
4. *Place of Birth (Street and Number)* 169 Henrietta St
5. *Full Name of Mother* Sarah Chase
6. *Mother's Maiden Name* ——
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John H. Beadle
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Margaret Spriggs

*Address* # 2 Peach alley 8

*Remarks* this child lived only about a half hour — (Premature Birth)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18486

HEALTH DEPART MAY 25 1877 BALTIMORE MD

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 22nd

4. *Place of Birth (Street and Number)* 107 Front Street

5. *Full Name of Mother* Lidia Marlow

6. *Mother's Maiden Name* Donaldson

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Thomas Marlow

9. *Father's Occupation* Tobacco Agent.

10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Hooks

*Address* 32 S Eutaw St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. / 18487

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 22nd 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Lombard st. No 405 |
| *5. Full Name of Mother* | Jane Galloway |
| *6. Mother's Maiden Name* | Jane Smith |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles. Galloway |
| *9. Father's Occupation* | Fireman |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No 122 Parkin st. |
| *Remarks* | |

18488

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Mother of 6 children

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth 29 of may 22 1877
4. Place of Birth (Street and Number) no 23 dallas st
5. Full Name of Mother annal ganer
6. Mother's Maiden Name annal farrow
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Tommas ganer
9. Father's Occupation laborer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. lear Walker

Address no 94 dallas st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18489

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 14 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Marg 22th

*4. Place of Birth (Street and Number)* No 16 Wilhelm St

*5. Full Name of Mother* Margreth Munderlo

*6. Mother's Maiden Name* Margreth Muth

*7. Mother's Birthplace* Germeni

*8. Full Name of Father* Charls Munderlo

*9. Father's Occupation* Chumacker

*10. Father's Birthplace* Germeni

*Name of Medical Attendant,* or other Person who makes this Return. E Sinclair

*Address* No 59 Fredrick Av

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18490

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* May 22/77
4. *Place of Birth (Street and Number)* 7 Vincent alley
5. *Full Name of Mother* Mary Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* no father
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mr poe practor

*Address* 10 barton av

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18491

HEALTH DEPARTMENT JUN 1 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5 te |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 22 of May 77 |
| *4. Place of Birth (Street and Number)* | 39 George St |
| *5. Full Name of Mother* | Albertine Ludolph |
| *6. Mother's Maiden Name* | Albertine Friedlaender |
| *7. Mother's Birthplace* | Stolpen (Pommern) Germany |
| *8. Full Name of Father* | Wilhelm Ludolph |
| *9. Father's Occupation* | traveling agent |
| *10. Father's Birthplace* | Dudenstadt Hanover (Germany) |
| *Name of Medical Attendant, or other Person who makes this Return.* | W. H. Hedman M.D. |
| *Address* | 120 Pearl St Baltimore |
| *Remarks* | died 7 months old |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18492

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May the 23 1877
4. *Place of Birth (Street and Number)* Baltimore No 134 Raborg St
5. *Full Name of Mother* Jennie Jones
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* John Jones
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

18493

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* From 4

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 23, 1877

*4. Place of Birth (Street and Number)* Baltimore Kraft packing house foot of [illegible]

*5. Full Name of Mother* Rebecca Brown

*6. Mother's Maiden Name* Rebecca Crashire

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Michael Brown

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs [illegible]

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18494

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Ond

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* May 23. 1877.

*4. Place of Birth (Street and Number)* No. 82. Moers Alley

*5. Full Name of Mother* Rachel Ross

*6. Mother's Maiden Name* Rachel Watson

*7. Mother's Birthplace* Baltimore, Md

*8. Full Name of Father* John H. Watson

*9. Father's Occupation* A Tabrer

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Jones Cary

*Address* No. 85. Moers Alley. Balt. Md

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18495
18496

MAY 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5 & 6th / Twins |
| *1. Sex (state whether Male or Female)* | M M |
| *2. Race or Color (if not of the white race)* | W |
| *3. Date of Birth* | May 23d 1877 |
| *4. Place of Birth (Street and Number)* | Druid Hill Av. n of Townsend |
| *5. Full Name of Mother* | Catherine Craig |
| *6. Mother's Maiden Name* | " Trabb |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | A. B. Craig |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | Richard Ellis Sherry |
| *Address* | 189 N Howard St |
| *Remarks* | Twins. 8th Month. |

18497

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 28 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* 23 May 1877

*4. Place of Birth (Street and Number)* 27 President

*5. Full Name of Mother* Mary Fenasse

*6. Mother's Maiden Name* Lynch

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* David Fenasse

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper per G

*Address* 42 E. Lombard St

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15495

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 23d

*4. Place of Birth (Street and Number)* 203 South Paca St

*5. Full Name of Mother* A. Maggie Gude

*6. Mother's Maiden Name* A Maggie Stahl

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Julius F. J. Gude

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* E. Sinclair

*Address* 59 Fredk Avenue

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15499

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 23th. |
| *4. Place of Birth (Street and Number)* | 150 Mulberry St |
| *5. Full Name of Mother* | K. Jung |
| *6. Mother's Maiden Name* | Fr. Louis |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Ed. Jung |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Hessen Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

18500

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23th 1877.
4. *Place of Birth (Street and Number)* No 725 Caste st
5. *Full Name of Mother* Rebecca Foote
6. *Mother's Maiden Name* Rebecca Stanesbury.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Foote
9. *Father's Occupation* Engener
10. *Father's Birthplace* Portland Main

*Name of Medical Attendant,* or other Person who makes this Return. Dina Hillegeist

*Address* No 182 b Monument st.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16501

HEALTH DEPARTMENT
MAY
29
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | May 23. 1877 |
| *4. Place of Birth (Street and Number)* | 851 Lombard St No 348 |
| *5. Full Name of Mother* | Josepha Burkert |
| *6. Mother's Maiden Name* | Josepha Eckenberger |
| *7. Mother's Birthplace* | Stark Stadt Baden |
| *8. Full Name of Father* | Georg Burkert |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Bonndorf Baden |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr Johanna Baumgarten |
| *Address* | North Wolfe St No 28 |
| *Remarks* | Midwife |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18302

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
26
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 7th

1. *Sex (state whether Male or Female)* Female Health

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* born on the 23d of May 1877

4. *Place of Birth (Street and Number)* No 25 Forest St.

5. *Full Name of Mother* Maria Gyraff Kauser

6. *Mother's Maiden Name* M.

7. *Mother's Birthplace* born in Germany

8. *Full Name of Father* Henry Gyraff

9. *Father's Occupation*

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Missis Killer

*Address* No 57 Smallwood St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18503

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUN 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 23 1877 |
| *4. Place of Birth (Street and Number)* | Central avenue nr 41 |
| *5. Full Name of Mother* | Lizzie Ulrich |
| *6. Mother's Maiden Name* | " Gerhard |
| *7. Mother's Birthplace* | Hanover Europe |
| *8. Full Name of Father* | Friedrich Ulrich |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Prussia Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Kelly |
| *Address* | 248 N Paca St City |
| *Remarks* | |

18504

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* th 23 of May 1877

*4. Place of Birth (Street and Number)* N 4 St James Street

*5. Full Name of Mother* Elder Harris

*6. Mother's Maiden Name* Elder Brice

*7. Mother's Birthplace* Tausentown

*8. Full Name of Father* Salmon Harris

*9. Father's Occupation* Labor

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Rose William

*Address* No 70 Chestnut Street

*Remarks* Mother and Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18505

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth (4)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* ~~2~~ 23 May 1877
4. *Place of Birth (Street and Number)* 209 Montgomery St
5. *Full Name of Mother* Emma Kolb
6. *Mother's Maiden Name* Emma Stesch
7. *Mother's Birthplace* Breslau Germany
8. *Full Name of Father* William Kolb
9. *Father's Occupation* Glass cutter
10. *Father's Birthplace* Sulzbach Germany

*Name of Medical Attendant,* or other Person who makes this Return. M. L. Mitchell M.D.

*Address* Residence 137 Montgomery St Office Cor Charles & Mulberry

*Remarks*

Normal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18506

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth May 24, 1877.
4. Place of Birth (Street and Number) 8th Elbow Lane
5. Full Name of Mother Hesta Anne Tartar
6. Mother's Maiden Name Towell
7. Mother's Birthplace Balto Md.
8. Full Name of Father Henry Tartar
9. Father's Occupation Drayman
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Lill Eastman

Address 3rd [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18507

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Knabe. |
| *2. Race or Color (if not of the white race)* | weiß. |
| *3. Date of Birth* | d. 24 Mai 1877. |
| *4. Place of Birth (Street and Number)* | Baltimore. Poston St. |
| *5. Full Name of Mother* | Marie Steckmann. |
| *6. Mother's Maiden Name* | Pollak. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Steckmann. |
| *9. Father's Occupation* | Tischler. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Anna Seimsen. |
| *Address* | Elliott St. 61. |
| *Remarks* | |

**Fect Record of Vital Statistics.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18508

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** May 24th 1877

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 24th 1877.
4. *Place of Birth (Street and Number)* 46 Durham St
5. *Full Name of Mother* Annie Fetsch.
6. *Mother's Maiden Name* Annie Wisemann.
7. *Mother's Birthplace* America
8. *Full Name of Father* Nicholaus Fetsch
9. *Father's Occupation* Broom maker.
10. *Father's Birthplace* America.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend.

*Address* No. 137 Wolfe St.

*Remarks*

**Vest Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18509

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 24th 1877 |
| *4. Place of Birth (Street and Number)* | Calhoun St No 401 |
| *5. Full Name of Mother* | Genevieve Watts |
| *6. Mother's Maiden Name* | Genevieve Dillaway |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | George O. Watts |
| *9 Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | L. G. Sparrow |
| *Address* | Patterson Avenue No 95 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18510

HEALTH DEPARTMENT
MAY
28
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | may 24 1877 |
| *4. Place of Birth (Street and Number)* | 270 adeline st |
| *5. Full Name of Mother* | mary madame |
| *6. Mother's Maiden Name* | mary glasby |
| *7. Mother's Birthplace* | baltimore city |
| *8. Full Name of Father* | henry madame |
| *9. Father's Occupation* | blacksmith |
| *10. Father's Birthplace* | baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rachel ambrogette |
| *Address* | 433 aliceanna st |
| *Remarks* | |

# RETURN OF A BIRTH.

18511

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* May 24th 1877
4. *Place of Birth (Street and Number)* 23 Low St.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary L. Williams
7. *Mother's Birthplace* Balto. Co. Md.
8. *Full Name of Father* George L. Arpinell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Wilson

*Address* 33, Forest St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18512

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 24th 1877
4. *Place of Birth* (Street and Number) No 30 Little Walnut St
5. *Full Name of Mother* Margaret ~~Fleming~~ Bigley
6. *Mother's Maiden Name* " Fleming
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bigley
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who make this Return. Chris Fawcett M.D.

*Address* 92 Mosher St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 4-7-89

# RETURN OF A BIRTH.

15513

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th 11 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 24th 1877 |
| *4. Place of Birth (Street and Number)* | 159 Dolphin St. |
| *5. Full Name of Mother* | Mary Hartmann |
| *6. Mother's Maiden Name* | M. (Hartmann) Williams |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | John F. Hartmann |
| *9. Father's Occupation* | Hack driver |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophia Neurel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

185111

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1.

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Thursday 24th May

*4. Place of Birth (Street and Number)* Hanover street number 310

*5. Full Name of Mother* Miss Anna Smith

*6. Mother's Maiden Name* Miss Anna Klingelhoefer

*7. Mother's Birthplace* Niederwetter Germany

*8. Full Name of Father* Mr. Frederick Smith

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. [illegible] Strong

*Remarks* No. 32 Leatherhead Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18515

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th of May 1877
4. *Place of Birth (Street and Number)* 83 North Chappell st
5. *Full Name of Mother* Kati Pagel
6. *Mother's Maiden Name* Kate Krebs
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Krebs
9. *Father's Occupation* Arabor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunwel

*Address* 71 North Chappel st for John Kunwel

*Remarks* 71 Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18516

HEALTH DEPARTMENT
MAY 29 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Male May 24 1877

1. *Sex* (state whether *Male* or *Female*) Male
2. *Race or Color* (if not of the white race) Dark
3. *Date of Birth* May 24 1877
4. *Place of Birth* (Street and Number) no 145 Coraline St
5. *Full Name of Mother* Ellen Slaughter
6. *Mother's Maiden Name* Ellen Fisher
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James Slaughter
9. *Father's Occupation* Annealing
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Albert Chapman

*Address* no 57 Dallas St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1857

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White [illegible] |
| *3. Date of Birth* | May 24th 1877 |
| *4. Place of Birth (Street and Number)* | Durham St # 284 |
| *5. Full Name of Mother* | Johanna Bushek |
| *6. Mother's Maiden Name* | " Smith |
| *7. Mother's Birthplace* | Sachsen Europe |
| *8. Full Name of Father* | John Bushek |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Bohemia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Ully |
| *Address* | 48 Holland St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18518

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 25th 1877 |
| *4. Place of Birth (Street and Number)* | No. 304 N. Gay St. |
| *5. Full Name of Mother* | Martha Mitchell |
| *6. Mother's Maiden Name* | Martha Groh. |
| *7. Mother's Birthplace* | ~~[illegible]~~ Richmond Virginia |
| *8. Full Name of Father* | George Mitchell. |
| *9. Father's Occupation* | House Carpenter. |
| *10. Father's Birthplace* | ~~Baltimore~~ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. M. A. Butt |
| *Address* | No 181 N Central ave. |
| *Remarks* | All well |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18519

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* Mar 25
4. *Place of Birth (Street and Number)* 112 orleans st
5. *Full Name of Mother* Mary Coleman
6. *Mother's Maiden Name* Mary lee
7. *Mother's Birthplace* New yorke
8. *Full Name of Father* George A coleman
9. *Father's Occupation* ~~[illegible]~~ cabinet makes
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs lear Johnson

*Address* no 32 short st

*Remarks* child deformed badly

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18520

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No. 9 th |
| *1. Sex (state whether Male or Female)* | Female, |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 25 th 1877. |
| *4. Place of Birth (Street and Number)* | No 138 E Gough st |
| *5. Full Name of Mother* | Minnie Cohn |
| *6. Mother's Maiden Name* | Minnie Jacobson, |
| *7. Mother's Birthplace* | Russia, |
| *8. Full Name of Father* | Simon Cohn. |
| *9. Father's Occupation* | Peddler. |
| *10. Father's Birthplace* | Russia, |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Ridgway Andrews |
| *Address* | No 121 S Broadst |
| *Remarks* | |

18521

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 23 May 1877

*4. Place of Birth (Street and Number)* 40 Watson St.

*5. Full Name of Mother* Emma Swann

*6. Mother's Maiden Name* Lynch

*7. Mother's Birthplace* U. States of America

*8. Full Name of Father* T. W. Swann

*9. Father's Occupation* Plumber

*10. Father's Birthplace* U. States

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper per F.

*Address* 52 E. Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18522

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 25th May 1877

*4. Place of Birth (Street and Number)* 351 Orleans St.

*5. Full Name of Mother* Matilda Hayne

*6. Mother's Maiden Name* Dressel

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Michael Hayne

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper for Dr.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18523

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 25 1877 |
| *4. Place of Birth (Street and Number)* | 30 N Libuty st. Balto |
| *5. Full Name of Mother* | Maggie Harrison |
| *6. Mother's Maiden Name* | Maggie Mc Daniels |
| *7. Mother's Birthplace* | Baltimore W Va |
| *8. Full Name of Father* | Lewis B Harrison |
| *9. Father's Occupation* | Mercantile Agent |
| *10. Father's Birthplace* | St Michaels - Talbot Co Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Miss Jane Himelberger |
| *Address* | 23. N Liberty st |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

***rect Record of Vital Statistics in the City of Baltimore.***

CERTIFICATE CORRECTED 11-21-49

18524

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Name: Mary Elizabeth Kalter

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 5th 1877

*4. Place of Birth (Street and Number)* No 267 Cross st

*5. Full Name of Mother* Elizabeth ~~Elise~~ ~~Kalper~~ Kalter

*6. Mother's Maiden Name* " ~~Weigert~~ Weikard

*7. Mother's Birthplace* America

*8. Full Name of Father* Christian ~~Cristian~~ ~~Kalpert~~ Kalter

*9. Father's Occupation* ~~Engenier~~ Engineer

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohroasser midwife

*Address* 213 Cross st.

*Remarks* Lohroasser

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18525

HEALTH DEPARTMENT MAY 29 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 Mon.
4. Place of Birth (Street and Number) Cannal St. Nov. 331
5. Full Name of Mother Sogfea Prüller Wolf
6. Mother's Maiden Name Sogfea Prüller
7. Mother's Birthplace Germany
8. Full Name of Father Jonn Prüller
9. Father's Occupation Daller
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mies Lauer

Remarks 173 Harfert, evn the 28

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18526

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
30
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, ~~2d, 3d,~~ &c.*) First
1. *Sex* (*state whether Male or ~~Female~~*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 25th May 1877
4. *Place of Birth* (*Street and Number*) No 11 South Arlington Ave Balt City
5. *Full Name of Mother* Martha Rock
6. *Mother's Maiden Name* " Sauer
7. *Mother's Birthplace* Frederick Co Md
8. *Full Name of Father* Frank Rock
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Canada Co Md

*Name of Medical Attendant,* or other Person who makes this Return. H. N. Schultz
*Address* No 11 South Arlington Ave City
*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18527

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 25th 1877 |
| *4. Place of Birth (Street and Number)* | 160 S. Choptank st |
| *5. Full Name of Mother* | Barbara Cecelia Hartley |
| *6. Mother's Maiden Name* | Barbara Cecelia Flaherty |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Charles H. Hartley |
| *9. Father's Occupation* | Iron Inspector |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. Lawson Wilkins M.D. |
| *Address* | 77 So Broady |
| *Remarks* | |

**Feet Record of Vital Statistics**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18528

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 2 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* May 26th

*4. Place of Birth (Street and Number)* No 6 Ohio Avenue

*5. Full Name of Mother* Elizabeth Johnson

*6. Mother's Maiden Name* Elizabeth Hall

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Abraham Johnson

*9. Father's Occupation* Laborer

*10. Father's Birthplace* New Orleans Louisiana

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* Cor. Lee & Hanover

*Remarks* Alive, Labor Delayed

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18529

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May the 25 1877 |
| *4. Place of Birth (Street and Number)* | No 6 Rices Court |
| *5. Full Name of Mother* | Nelly Morgan |
| *6. Mother's Maiden Name* | " " Goodin |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Morgan |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Raihael Shields |
| *Address* | No Rices Court No 6. |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

18530

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
29
1897
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 26th 1897 |
| *4. Place of Birth (Street and Number)* | 126 Jasper St |
| *5. Full Name of Mother* | Mary Ann Gans |
| *6. Mother's Maiden Name* | Mary Ann Jones |
| *7. Mother's Birthplace* | 120 Jasper St Balto City |
| *8. Full Name of Father* | Richard Gans |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. A. Gallion M.D |
| *Address* | 150 N. Eutaw St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18531

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 26th 1877.

*4. Place of Birth (Street and Number)* No 472 Chaste st.

*5. Full Name of Mother* Mary Alenbaugh.

*6. Mother's Maiden Name* Mary Daughaday.

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Oliver Alenbaugh

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 282 S Monument st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

185321

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* Mother of 3 children

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colord

*3. Date of Birth* ~~Baltimore~~ borned 26 of May

*4. Place of Birth (Street and Number)* Baltimore Number 16 Gilfat Alley

*5. Full Name of Mother* Annie Corbin

*6. Mother's Maiden Name* Annie Cincel

*7. Mother's Birthplace* Baltimore County

*8. Full Name of Father* John Walker Corbin

*9. Father's Occupation* Laber

*10. Father's Birthplace* Eastern Shore

*Name of Medical Attendant,* or other Person who makes this Return. Lewis Walker

*Address* 94 Dallas Street

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18533

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26th 1877
4. *Place of Birth (Street and Number)* # 51 North Chappel Str
5. *Full Name of Mother* Anna ~~Gesht~~ Ratter
6. *Mother's Maiden Name* Anna Geshlacher
7. *Mother's Birthplace* Bamberg
8. *Full Name of Father* Joseph Ratter
9. *Father's Occupation* Copper
10. *Father's Birthplace* Baden

*Name of Medical Attendant,* or other Person who makes this Return. Maria A Lederer

*Address* 205 Durham Str

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

185534

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 26th 1877. |
| *4. Place of Birth (Street and Number)* | 308 S. Eulaw St. |
| *5. Full Name of Mother* | Alice Blume. |
| *6. Mother's Maiden Name* | " Mariner. |
| *7. Mother's Birthplace* | Somerset Co. Md. |
| *8. Full Name of Father* | Henry Blume. |
| *9. Father's Occupation* | Carpenter. |
| *10. Father's Birthplace* | Balto. Co. Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. H. Tall. M.D. |
| *Address* | 15 S. Sharp St. |
| *Remarks* | Still-born — cause of death unknown, supposed to have been dead about one week. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18535

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) mother of children

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colard
3. Date of Birth 16 of may
4. Place of Birth (Street and Number) no 5d south dallas st
5. Full Name of Mother levena green
6. Mother's Maiden Name levena spenser
7. Mother's Birthplace Baltimore md
8. Full Name of Father charles green
9. Father's Occupation lader
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. lear Walker

Address no 9 dallas st

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18536
18537

HEALTH DEPARTMENT MAY 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st + 2d Twins

1. *Sex (state whether Male or Female)* Both Female
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* 26 May. 77
4. *Place of Birth (Street and Number)* 38 Foster alley near Dolphin St
5. *Full Name of Mother* Ellen Dobson
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* md
8. *Full Name of Father* ——— ———
9. *Father's Occupation* ———
10. *Father's Birthplace* ———

*Name of Medical Attendant, or other Person who makes this Return.* Glane Taneyhill M.D.

*Address* 129 N Biddle St

*Remarks* Each weighed about 6 lb. First was by Rt arm presentation - turned + delivered by feet. Second had large head, was delivered by instruments on account of uterine hemorrhage. Both girls doing well - as also is mother.

Glane T.

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18538

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 26th 1877

*4. Place of Birth (Street and Number)* No 66 Granby St

*5. Full Name of Mother* Mary Relleker

*6. Mother's Maiden Name* Joe

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* George Relleker

*9. Father's Occupation* Varnisher

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Getzke

*Address* No 36 S. Bond St

*Remarks* Palto

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18539

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 26th 1877
4. *Place of Birth (Street and Number)* No 24 Shuler Street
5. *Full Name of Mother* Lena Smith
6. *Mother's Maiden Name* Lena Hoffman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Smith
9. *Father's Occupation* Tanner
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Allwell

*Address* 786 Mt Tonogh St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

185740

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 26th 1877 |
| *4. Place of Birth (Street and Number)* | Barton Street |
| *5. Full Name of Mother* | Eliza Mathiott |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Mr Mathiott |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rachael Shields |
| *Address* | No 6 Bires Court |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

185411

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 26th 1877 |
| *4. Place of Birth (Street and Number)* | No 30 Raborg St |
| *5. Full Name of Mother* | Julia Warfield |
| *6. Mother's Maiden Name* | Julia Taylor |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | James Warfield |
| *9. Father's Occupation* | Drayman |
| *10. Father's Birthplace* | Harford Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Winnebergen |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics

18542

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | No 1, |
| *1. Sex (state whether Male or Female)* | Male, |
| *2. Race or Color (if not of the white race)* | White, |
| *3. Date of Birth* | May 26. 1877 |
| *4. Place of Birth (Street and Number)* | 25 Fawn St. |
| *5. Full Name of Mother* | Susannah C. Thackery |
| *6. Mother's Maiden Name* | Susannah C. Buchanan |
| *7. Mother's Birthplace* | Pennsylvania, |
| *8. Full Name of Father* | John M. Thackery |
| *9. Father's Occupation* | Inspector of Customs. |
| *10. Father's Birthplace* | Maryland, |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. N. Houck MD. |
| *Address* | 750 E. Baltimore St. |
| *Remarks* | |

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18548

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 1 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 26 Mai
4. *Place of Birth (Street and Number)* 84 Leatenhall Strit
5. *Full Name of Mother* Auguste Martin
6. *Mother's Maiden Name* An Demi
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Leonhard Martin
9. *Father's Occupation* Kupper
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strit

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

185411

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
29
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2 Child one mother

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colord race
3. *Date of Birth* May the 27.1877
4. *Place of Birth* (Street and Number) durham St No 98
5. *Full Name of Mother*
6. *Mother's Maiden Name* Isebelle Dillon
7. *Mother's Birthplace* harford County md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Lutenda Woolford

*Address* Register St 130

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

185145

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

BOARD OF HEALTH
MAY 29 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one mother 2 Children

1. *Sex* (state whether Male or Female) mall Child
2. *Race or Color* (if not of the white race) Colored Race
3. *Date of Birth* may the 27-18-77
4. *Place of Birth* (Street and Number) durham St No 88
5. *Full Name of Mother*
6. *Mother's Maiden Name* Isebell Tillen
7. *Mother's Birthplace* harford County md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Regesster St 130

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18546

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.** May 27-1877

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 27

*4. Place of Birth (Street and Number)* Chappel St no 2

*5. Full Name of Mother* Elizabeth Meyers

*6. Mother's Maiden Name* E. Meyers

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Unknown

*9. Father's Occupation* [illegible]

*10. Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. Wm R. Lloyd

*Address* no 2 Chappel St Baltimore City

*Remarks*

# RETURN OF A BIRTH.

183747

HEALTH DEPARTMENT
MAY
31
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai the 27. 1877
4. *Place of Birth (Street and Number)* Eastern Av. No 186.
5. *Full Name of Mother* Margaretha Frostberg
6. *Mother's Maiden Name* Margaretha Roether
7. *Mother's Birthplace* Kerpers. Gr. S. Meiningen, Germany
8. *Full Name of Father* Karl. Frostberg
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Fischbach. Gr. Baden. Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Miller

*Address* N. Dallas St. No 26.

*Remarks*

---

***rect Record of Vital Statistics.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18548

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 27th 1877 |
| *4. Place of Birth (Street and Number)* | Miller St # 4 |
| *5. Full Name of Mother* | Anna M[illegible] |
| *6. Mother's Maiden Name* | " Bohne |
| *7. Mother's Birthplace* | Hessen Europe |
| *8. Full Name of Father* | Ludwig Millken |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Prussia Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. Ully |
| *Address* | 48 Holland St City |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

185119

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) No. 3 of 11

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 27 May
4. *Place of Birth* (Street and Number) 108 S. Eliquith St
5. *Full Name of Mother* Francis Eva Fulton.
6. *Mother's Maiden Name* " " Sateve
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* George Harris Fulton
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. County.

*Name of Medical Attendant,* or other Person who makes this Return. Geo. W. Dawson

*Address* 18 Lisquith St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18550

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 27th 1877 |
| *4. Place of Birth (Street and Number)* | 191 Madison Street |
| *5. Full Name of Mother* | Ella Offley |
| *6. Mother's Maiden Name* | Ellen Sheffield |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Offley |
| *9. Father's Occupation* | Potter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Henry A Aldwell |
| *Address* | 286 McDonough St |
| *Remarks* | |

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15337

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
2
1897
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 May
4. *Place of Birth (Street and Number)* 182 Caroline Street
5. *Full Name of Mother* Lizzie Friedel
6. *Mother's Maiden Name* Binger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michel Friedel
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* 1170 Granby Street

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15552

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 6 Children |
| 1. *Sex* (state whether Male or Female) | Male Child Colored |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | Born on May the 27 1877 |
| 4. *Place of Birth* (Street and Number) | No 2 Saltonstall Street East |
| 5. *Full Name of Mother* | Ellen White |
| 6. *Mother's Maiden Name* | + |
| 7. *Mother's Birthplace* | Baltimore MD |
| 8. *Full Name of Father* | Richard White |
| 9. *Father's Occupation* | Brick Maker |
| 10. *Father's Birthplace* | Baltimore MD |
| *Name of Medical Attendant*, or other Person who makes this Return. | Harriet Jackson |
| *Address* | No 97 Chestnut Street |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**rect Record of Vital Statistics in the City of Baltimore.**

18553

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
4
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. *Sex* (state whether Male or Female) | White Male. |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | May 29, 1877 |
| 4. *Place of Birth* (Street and Number) | 315. N. Eden St. |
| 5. *Full Name of Mother* | Elizabeth R.C. Plaskett, |
| 6. *Mother's Maiden Name* | Elizabeth R.C. Crummer, |
| 7. *Mother's Birthplace* | Maryland |
| 8. *Full Name of Father* | Edward Crummer, |
| 9. *Father's Occupation* | Clerk, |
| 10. *Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | D. K. Hinck M.D. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

185541

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

JUN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Henry Swift Wright. |
| 1. *Sex* (state whether Male or Female) | Thomas |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | May 27 1877 |
| 4. *Place of Birth* (Street and Number) | 27 Myrtle avenue |
| 5. *Full Name of Mother* | Virginia Charlot Wright |
| 6. *Mother's Maiden Name* | Udy |
| 7. *Mother's Birthplace* | Emmittsburg Frederick co md |
| 8. *Full Name of Father* | Richard Wright |
| 9. *Father's Occupation* | Porter |
| 10. *Father's Birthplace* | Ireland |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mc. Sommerfelt |
| *Address* | No 38 Pine av |
| *Remarks* | - - Mark |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18555

HEALTH DEPARTMENT
JUN 9 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Mulatto |
| *3. Date of Birth* | May 27th 1877 |
| *4. Place of Birth (Street and Number)* | 48 Chesnut alley |
| *5. Full Name of Mother* | Novella Hayden |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Edward Long |
| *9 Father's Occupation* | |
| *10. Father's Birthplace* | North Carolina |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. E. Gibbons M.D. |
| *Address* | 47 Edmondson ave |
| *Remarks* | " |

***reat Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18536

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 27th 1877 |
| *4. Place of Birth (Street and Number)* | No 385 Eastern Ave |
| *5. Full Name of Mother* | Hannah Stein |
| *6. Mother's Maiden Name* | " Woltmars |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Stein |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E Buschmann |
| *Address* | 121 Bank str. |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18557

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
3
1877
BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Fourth |
| Sex (state whether Male or Female) | Male |
| Race or Color (if not of the white race) | White |
| Date of Birth | 27th of May. 1877 |
| Place of Birth (Street and Number) | 161 Bank St Baltimore city |
| Full Name of Mother | Agnes [redacted] Harrison |
| Mother's Maiden Name | Agnes Hankin |
| Mother's Birthplace | Baltimore City |
| Full Name of Father | Charles. C. Harrison |
| Father's Occupation | Ship Carpenter |
| Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | Hannah. E. Knowles |
| Address | 212 Eastern Avenue |
| Remarks | |

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18558
18559

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 (Twins) |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 27th 877 |
| *4. Place of Birth (Street and Number)* | 22 Stockholm st |
| *5. Full Name of Mother* | Mary A McAvoy |
| *6. Mother's Maiden Name* | Mary A Conner |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Michael Mahony |
| *9. Father's Occupation* | Pitch maker |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Robbins |
| *Address* | |
| *Remarks* | |

18560

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
28
1877
BALTIMORE MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Monday May 28th 1877
4. *Place of Birth (Street and Number)* 43 Elliott St
5. *Full Name of Mother* Mary E ~~Had~~ Jones
6. *Mother's Maiden Name* Mary E Mathaney
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Jones
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. J E Pinckard MD 128 O'Donnell

*Address* Head presentation Instrumental

*Remarks* In labor 10 hours. Both Mother and child are now doing well

***reet Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18561

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai the. 22. 1877
4. *Place of Birth (Street and Number)* Orlean St. No. 108
5. *Full Name of Mother* Eva Otto
6. *Mother's Maiden Name* Eva Dressel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Andreas Otto
9. *Father's Occupation* Cigarren manufacturer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

# RETURN OF A BIRTH.

18562

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
30
1917
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 28. 1917 |
| *4. Place of Birth (Street and Number)* | Baltimore & Pratt st |
| *5. Full Name of Mother* | Eliza Bachelor |
| *6. Mother's Maiden Name* | Eliza Dines |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Bachelor |
| *9. Father's Occupation* | Boats Iron |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18563

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
30
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24 May |
| *4. Place of Birth (Street and Number)* | 171 Fayette St |
| *5. Full Name of Mother* | Mary McGee |
| *6. Mother's Maiden Name* | Rein |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James McGee |
| *9. Father's Occupation* | Moulder |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Christmas |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18564

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUN 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | May 28th 1877 |
| *4. Place of Birth (Street and Number)* | Biddle St. no 72 |
| *5. Full Name of Mother* | Ellenore Borchers |
| *6. Mother's Maiden Name* | " Kuhner |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Henry Borchers |
| *9. Father's Occupation* | Cigar maker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose ullig |
| *Address* | 48 Holland St City |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18565

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 28 May |
| *4. Place of Birth (Street and Number)* | 31 Hillman St |
| *5. Full Name of Mother* | Margaret Manion |
| *6. Mother's Maiden Name* | Maynor |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Manion |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

18566

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 6 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 May

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colloid
3. Date of Birth 28
4. Place of Birth (Street and Number) York Street No 136
5. Full Name of Mother Margaret ann Freeshure
6. Mother's Maiden Name Mo a Brown
7. Mother's Birthplace C. C. Maryland
8. Full Name of Father Edward Brown
9. Father's Occupation Waiter
10. Father's Birthplace Talbert C. Maryland

Name of Medical Attendant, or other Person who makes this Return. Rachel Daman

Address No 122 Henrietta St Baltimore

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18567

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Col'd |
| *3. Date of Birth* | May 28th 1877 |
| *4. Place of Birth (Street and Number)* | 370 Cross Street |
| *5. Full Name of Mother* | Caroline Carroll |
| *6. Mother's Maiden Name* | " " " Jones |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Leton Carrol |
| *9. Father's Occupation* | Minister |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Lewis Brown |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Scott

# RETURN OF A BIRTH.

18568

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 28th 1877 |
| *4. Place of Birth (Street and Number)* | 45 Choptank |
| *5. Full Name of Mother* | Rebecca Scott |
| *6. Mother's Maiden Name* | n Bailey |
| *7. Mother's Birthplace* | Washington D.C. |
| *8. Full Name of Father* | J. B. Scott |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Balto city |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. W. Mansfield M.D |
| *Address* | 1170 E. Broadway |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18569

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* may 28 1877

*4. Place of Birth (Street and Number)* canton ave 448

*5. Full Name of Mother* Rosean na baldon

*6. Mother's Maiden Name* Rosean na bellis

*7. Mother's Birthplace* Baltimore city

*8. Full Name of Father* Sherry t baldion

*9. Father's Occupation* oyster packer

*10. Father's Birthplace* fairhaven connecticut

*Name of Medical Attendant,* or other Person who makes this Return. Rachel ann garrett

*Address* 433 alicean na St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18570

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May the 25 1877
4. *Place of Birth (Street and Number)* Baltimore No 11 Jenkins Alley
5. *Full Name of Mother* Oleiva Tilghman
6. *Mother's Maiden Name* Simms
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Tilghman
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Summerset Co Eastern Shore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

18571

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | May th 27th 1877 |
| 4. *Place of Birth (Street and Number)* | 254½ S Bond Street |
| 5. *Full Name of Mother* | Hennerjetta Senf |
| 6. *Mother's Maiden Name* | " " Härtzsch |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Karl Senf |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

**Extract Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

**That** any physician, accoucheur, midwife, or other person in charge, **who shall attend, assist or advise** at the birth of any child, **within** the City of Baltimore, **shall report to the registrar aforesaid, within six days thereafter,** stating distinctly the date of birth, **sex,** and color of the child or **children** born, its or their physical condition, whether still born or not, **the full name,** nativity, and **residence of** the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18571/2

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* erste

*1. Sex (state whether Male or Female)* Mädchen

*2. Race or Color (if not of the white race)* "

*3. Date of Birth* 27. Mai 1877

*4. Place of Birth (Street and Number)* Süd. Bondstr. 254½

*5. Full Name of Mother* Henrietta Senf

*6. Mother's Maiden Name* Härtzsch

*7. Mother's Birthplace* Sachsen Altenburg

*8. Full Name of Father* Karl Senf.

*9. Father's Occupation* Schuhmacher

*10. Father's Birthplace* Gera in Sachsen.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. Louise Kraft.

*Remarks*

***Extract Regulations of the Board of Health to secure [illegible] rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18572

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | May 29th 1877 |
| *4. Place of Birth (Street and Number)* | 2 Baker's Court |
| *5. Full Name of Mother* | Margaretha Jakob |
| *6. Mother's Maiden Name* | M. Ekert |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Tobias Jakob |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Bavaria Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St |
| *Remarks* | |

18573

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 29th 1877 |
| *4. Place of Birth (Street and Number)* | No 43 James alley. |
| *5. Full Name of Mother* | Anna Wagner |
| *6. Mother's Maiden Name* | Schelter |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Mitchel Wagner |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross St |
| *Remarks* | |

**Extract Regulations of the Board of Vital Statistics in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18574

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 29. 1877 |
| *4. Place of Birth (Street and Number)* | Cor. Saratoga & Calhoun sts |
| *5. Full Name of Mother* | Charlotte Granger, |
| *6. Mother's Maiden Name* | Carroll |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | James N. Granger, |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. L. Engle M.D. |
| *Address* | 247 Lawale st |
| *Remarks* | |

***Extract Regulations of the Board of Health of the City of Baltimore.***

***Correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health of the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18575

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 28 May 77 |
| *4. Place of Birth (Street and Number)* | S. Poppleton st. No 9 |
| *5. Full Name of Mother* | Corona Beyer |
| *6. Mother's Maiden Name* | D. Beck |
| *7. Mother's Birthplace* | Bayern Germany |
| *8. Full Name of Father* | Christian Beyer |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Wuerremberg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dumler |
| *Address* | 60 S. Snyder st. No |
| *Remarks* | |

# RETURN OF A BIRTH.

18576

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Sixth (6) |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | 29th May 1877 |
| *4. Place of Birth* (Street and Number) | No 40 Milliman St |
| *5. Full Name of Mother* | Mary French. |
| *6. Mother's Maiden Name* | Mary Caprice |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm L French |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Amanda Marine |
| *Address* | 323 E Monument St |
| *Remarks* | |

***Extract Regulations of the Board of Health of the City of Baltimore.***

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18577

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) Eight

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth May 29th 1877
4. Place of Birth (Street and Number) No. 5. N. Ann St.
5. Full Name of Mother Mary Frances McCahan
6. Mother's Maiden Name Mary Frances McDermott
7. Mother's Birthplace North Kingston Rhode Island
8. Full Name of Father Capt. Daniel McCahan
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health of the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18578

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12 children

*1. Sex (state whether Male or Female)* Last [illegible]

*2. Race or Color (if not of the white race)* Phil

*3. Date of Birth* 29 of May 1877

*4. Place of Birth (Street and Number)* 17 South Chester St

*5. Full Name of Mother* Mary Queen

*6. Mother's Maiden Name* Mary Kernan

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Thomas Kernan

*9. Father's Occupation* Brass Moulder

*10. Father's Birthplace* Irland

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 11 North Chappel St for John Kunkel

*Remarks* Healthy

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18579

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 29th 1877

*4. Place of Birth (Street and Number)* No 223 Jefferson Street

*5. Full Name of Mother* Jane A Davis

*6. Mother's Maiden Name* Jane A Cole

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Benjaman A Davis

*9. Father's Occupation* Mariner

*10. Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Allwell

*Address* 286 McDonogh St

*Remarks*

18580

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Yellow

*3. Date of Birth* 29 May 1877

*4. Place of Birth (Street and Number)* No 146 Spring Street

*5. Full Name of Mother* Jimmey Mills

*6. Mother's Maiden Name* Jerry Addams

*7. Mother's Birthplace* Richmond Virginia

*8. Full Name of Father* John Mills

*9. Father's Occupation* Labor

*10. Father's Birthplace* Smith Hill Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Rose Wilkins

*Address* No 10 Chestnut Street

*Remarks* Mother and Children

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18581

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 29
4. *Place of Birth (Street and Number)* 70 72 Arlington Avenue
5. *Full Name of Mother* Ann E Huber
6. *Mother's Maiden Name* Ann E Doyle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John P Huber
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltomere

*Name of Medical Attendant,* or other Person who makes this Return. Jane Mercer

*Address* 136 Mchenry Str

*Remarks*

**Extract Regulations of the Board of Health to secure [illegible] rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18582

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPART
JUN
14
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21
4. *Place of Birth (Street and Number)* 1 Locust Point
5. *Full Name of Mother* Barbra Roberts
6. *Mother's Maiden Name* Barbra Ethel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Roberts
9. *Father's Occupation* Labor
10. *Father's Birthplace* Wales

*Name of Medical Attendant,* or other Person who makes this Return. Margret Ethel

*Address*

*Remarks*

**Extract Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics to be kept.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18583

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* may 29
4. *Place of Birth (Street and Number)* Baltimore Welcom alley 105
5. *Full Name of Mother* Willia mire davis
6. *Mother's Maiden Name* Willia mire Brown
7. *Mother's Birthplace* Dorchester county
8. *Full Name of Father* Wilam a davis
9. *Father's Occupation* White Washer
10. *Father's Birthplace* Dorchester county

*Name of Medical Attendant,* or other Person who makes this Return. ellary ann dorsy

*Address* Wayn st 170

*Remarks* five dollars

***Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

185811

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 29th 1877 |
| *4. Place of Birth (Street and Number)* | 222 E Pratt st |
| *5. Full Name of Mother* | Catherin Faulstich |
| *6. Mother's Maiden Name* | " Ziegler |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | John Faulstich |
| *9. Father's Occupation* | Hair Dresser |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs E Bushmann |
| *Address* | 120 Bank st |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15585

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 15 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | First |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | Colored. |
| 3. *Date of Birth* | May 29/ 87 |
| 4. *Place of Birth* (Street and Number) | No 135 N. Dallas Street. |
| 5. *Full Name of Mother* | Alice A. Gilmore |
| 6. *Mother's Maiden Name* | " " Pinkett. |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Ira Gilmore |
| 9. *Father's Occupation* | Drayman |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cholatt Wilson |
| *Address* | No 35 Forrest Street. |
| *Remarks* | |

***Extract Regulations of the Board of Health in relation to securing a correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18586

# RETURN OF A BIRTH.

1

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 30th May

*4. Place of Birth (Street and Number)* Warner Str. No 86.

*5. Full Name of Mother* Julie Beckhardt

*6. Mother's Maiden Name* Julie Dietrich

*7. Mother's Birthplace* Wiesbaden

*8. Full Name of Father* A. Beckhardt

*9. Father's Occupation* Junk

*10. Father's Birthplace* Illingen

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Leadenhall Str No 32

*Remarks* Mad: Strong

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18587

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 30 May

*4. Place of Birth (Street and Number)* Baltimore 317 Mulberry St

*5. Full Name of Mother* Mary Margret La Porte

*6. Mother's Maiden Name* Mary Margret Rummert

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Arnold Henry La Porte

*9. Father's Occupation* Cigar Maker

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. Dumler 60 Schuyler

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18588

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)*

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30th 1877
4. *Place of Birth (Street and Number)* 337 W. Lombard St.
5. *Full Name of Mother* Johnnie King.
6. *Mother's Maiden Name* " Kraft
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo. King
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. L. R. Slicer M.D.

*Address* 337 W. Lombard St.

*Remarks*

18589

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 30th May |
| *4. Place of Birth (Street and Number)* | Columbia Ave No. 170. |
| *5. Full Name of Mother* | Clara Louisa Simms |
| *6. Mother's Maiden Name* | Clara Louisa Mitchell |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Albert Columbus Simms |
| *9. Father's Occupation* | Trunk Maker |
| *10. Father's Birthplace* | Norfolk Va. |
| *Name of Medical Attendant,* or other Person who makes this Return. | ~~Mrs Caroline Seebach~~ |
| *Address* | West Pratt St near Fremont st |
| *Remarks* | Katharina Seebach |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18590

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30th 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard St.
5. *Full Name of Mother* Barbara Gallilee
6. *Mother's Maiden Name* Joyce
7. *Mother's Birthplace* Portland (Me.)
8. *Full Name of Father* Patrick Gallilee
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant, or other Person who makes this Return.* H. Hunter McGuire M D

*Address* 163 W Lombard st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18591

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN JUN 2 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 30 May

*4. Place of Birth (Street and Number)* 427 Pratt

*5. Full Name of Mother* Barbara Weidman

*6. Mother's Maiden Name* Schmidt

*7. Mother's Birthplace* Wurtemberg Germany

*8. Full Name of Father* John Weidman

*9. Father's Occupation* Tub Manufacturer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Krohn

*Address* 328 Eutaw St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18592

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 5 1877

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 30th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Carey st No. 121 |
| *5. Full Name of Mother* | Mary Farley |
| *6. Mother's Maiden Name* | Mary Hugas |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Philip Farley |
| *9. Father's Occupation* | Drayman |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No. 122 Parkin st |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18593

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May the 30th
4. Place of Birth (Street and Number) No 82 Fremont street
5. Full Name of Mother ~~Ida~~ Ida Chaney
6. Mother's Maiden Name Ida Sine
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Chaney
9. Father's Occupation boiler maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ruth Biggins

Address [illegible] Hanover street

Remarks

**Statistics in the City of Baltimore.**

That a[illegible] ...oucheur, midwife, or other person in charge, who shall attend, assist or advise at the b[illegible] any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18594

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4th child |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | May 30th 1877 |
| 4. Place of Birth (Street and Number) | 54 Edmondson ave |
| 5. Full Name of Mother | Laura V. Leitch |
| 6. Mother's Maiden Name | " " Skinner |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Edward George Leitch |
| 9 Father's Occupation | Book Keeper |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | J. E. Gibbons M.D. |
| Address | 47 Edmondson ave |
| Remarks | |

Very feeble when born lived only 5 hours

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18595

HEALTH DEPARTMENT
JUN
8
1897
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30th 1897
4. *Place of Birth (Street and Number)* No 170 S Caroline st.
5. *Full Name of Mother* Kunigunde Rudel
6. *Mother's Maiden Name* " Gebhart
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Rudel
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs E Bushmann

*Address* 120 Bank st

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18596

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)* First

*1. Sex (state whether ~~Male~~ or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 30th of May

*4. Place of Birth (Street and Number)* No 36. Rock st

*5. Full Name of Mother* Mrs J. C. Dietz

*6. Mother's Maiden Name* Minnie S Cowall

*7. Mother's Birthplace* Balto City

*8. Full Name of Father* John S C Dietz

*9. Father's Occupation* Cigar mak

*10. Father's Birthplace* Balto. City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Fisher

*Address* No 33 Howard St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18597

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c) | 5th. |
| 1. Sex (state whether Male or Female) | Male, |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | May 31st. |
| 4. Place of Birth (Street and Number) | 189 Gough St. |
| 5. Full Name of Mother | Margaret Bell |
| 6. Mother's Maiden Name | " Barrett |
| 7. Mother's Birthplace | County Cork Ireland |
| 8. Full Name of Father | Marion Bell |
| 9. Father's Occupation | Engineer |
| 10. Father's Birthplace | Reading Pa. |
| Name of Medical Attendant, or other Person who makes this Return. | A. G. Rusk M. D. |
| Address | Balt. & Wash. sts |
| Remarks | Natural |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15598

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 31st 1877 |
| *4. Place of Birth (Street and Number)* | S. E. Chapel & St. |
| *5. Full Name of Mother* | Kunigunda Smith |
| *6. Mother's Maiden Name* | Kunigunda Dunlea |
| *7. Mother's Birthplace* | Bavaria |
| *8. Full Name of Father* | Leonhard Smith |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Loederer |
| *Address* | 25 S. Durham St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18599

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) Mul.
3. *Date of Birth* May 31st 1877
4. *Place of Birth* (*Street and Number*) 136 Choptank (Nov Collington avenue)
5. *Full Name of Mother* Lucy C. Black
6. *Mother's Maiden Name* Lucy C. Hoadland
7. *Mother's Birthplace* Gloucester County, Virginia
8. *Full Name of Father* John L. Black
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Baltimore City Md

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Bothell

*Address* 207 N. Broadway

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15600

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th / |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 3rd May 1877 |
| *4. Place of Birth (Street and Number)* | No. 82 Appleton St. |
| *5. Full Name of Mother* | Cathern ~~Hogee~~ Hogan |
| *6. Mother's Maiden Name* | Cathern Mc Gee |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John A Hogan |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Jas Mercer |
| *Address* | 136 W. Henry St. |
| *Remarks* | No. |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18601

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 31 1877
4. *Place of Birth (Street and Number)* 69 Jasper Street
5. *Full Name of Mother* Jan ~~Tonston~~ Adams
6. *Mother's Maiden Name* Jan Tonston
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Garrick Adams
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bourdley Doctress

*Address* 85 Pachad Street

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18602

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 31 1877
4. *Place of Birth (Street and Number)* 27 State Street
5. *Full Name of Mother* Sallie Rich
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Prince George County
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bordley Doctress

*Address* 85 Orchard Street

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18603

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31 first of May 1877
4. *Place of Birth (Street and Number)* 61 North Chappel St
5. *Full Name of Mother* Anne Falkman
6. *Mother's Maiden Name* Anne Shneeman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charley C Shleeman
9. *Father's Occupation* Labor man
10. *Father's Birthplace* Armany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 71 North Chappel St for John Kunkel

*Remarks* Healthy

18604

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 31st 1877 |
| *4. Place of Birth (Street and Number)* | No 31 Miller St |
| *5. Full Name of Mother* | Matilda F. Johnson |
| *6. Mother's Maiden Name* | Matilda Owings |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph Henry Johnson |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 236 McDonough St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18605

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

*1. Sex (~~state whether~~ Male ~~or Female~~)*

*2. Race or Color (~~if not of the~~ white race)*

*3. Date of Birth* May 31st 1877

*4. Place of Birth (Street and Number)* 168 W Lexington St.

*5. Full Name of Mother* Bertha Sondheim.

*6. Mother's Maiden Name* Bertha Oppenheimer.

*7. Mother's Birthplace* Balto City.

*8. Full Name of Father* Samuel Sondheim

*9. Father's Occupation* Dry Goods Merchant.

*10. Father's Birthplace* Grossrohrheim Hess Darmstadt Germany

*Name of Medical Attendant,* or other Person who makes this Return. Wm. J. R. Wood M.D.

*Address* City.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Herzoe

18606

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
4
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 31st May |
| *4. Place of Birth (Street and Number)* | 243 E. Pratt St. |
| *5. Full Name of Mother* | Josephine Herzoe |
| *6. Mother's Maiden Name* | " Schwartz |
| *7. Mother's Birthplace* | Camden N. J. |
| *8. Full Name of Father* | Chas. Herzoe |
| *9. Father's Occupation* | Attorney |
| *10. Father's Birthplace* | Baltd. city |
| *Name of Medical Attendant,* or other Person who makes this Return. | D. R. D. Mansfield |
| *Address* | 117 E. Broadway |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18607

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** May 31 1877

HEALTH DEPARTMENT JUN 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 31 et 1877.

4. *Place of Birth (Street and Number)* 57 Durham St

5. *Full Name of Mother* Lizzie Miller.

6. *Mother's Maiden Name* Lizzie Schick.

7. *Mother's Birthplace* America.

8. *Full Name of Father* Andrew Miller

9. *Father's Occupation* Ship Carpenter.

10. *Father's Birthplace* America.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mary Amrel.

*Address* No 137 Wolfe St.

*Remarks* N

18608

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
11
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c*) 1

1. *Sex* (*state whether Male or Female*) Male Child
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* Baltimore May 21st 1877
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother* Lucy Taylor
6. *Mother's Maiden Name* Lucy Taylor
7. *Mother's Birthplace* Calvert County Maryland
8. *Full Name of Father* Robert Jenifer
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Prince Geo Co Maryland

*Name of Medical Attendant*, or other Person who makes this Return. Catherine Schuyler

*Address* 378 West Pratt Baltimore

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18609

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 31st 77.
4. *Place of Birth (Street and Number)* 129 N. Carolina
5. *Full Name of Mother* Mary J. Baker
6. *Mother's Maiden Name* Mary J. Deal
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John M. Baker
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mary Weller

*Address* 125 N. Carolina St.

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

over

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Name: Isaac Samuel

June 5th 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female Male

[illegible] Color (if not of the white race) White

[illegible] of Birth June 1st, 1877.

[illegible] of Birth (Street and Number) 309 Bond St.

[illegible] Name of Mother Rebecca Samuel.

[illegible]'s Maiden Name Rebecca Grünewald

[illegible]'s Birthplace Germany

8. Full Name of Father Jacob Samuel

9. Father's Occupation Butcher

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St

Remarks

18611

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* P

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 4th 1st June 1877

*4. Place of Birth (Street and Number)* No 35 Madeira Street

*5. Full Name of Mother* Rosa Thomsen

*6. Mother's Maiden Name* Rosa Anderson

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Charles Thomsen

*9. Father's Occupation* Brewer

*10. Father's Birthplace* Bethel

*Name of Medical Attendant,* or other Person who makes this Return. Rosa Wilkins

*Address* No 35 Madeira Street

*Remarks* Mother and Child Dairy Still

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18612?

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 1st 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Lombard St. No. 481 |
| *5. Full Name of Mother* | Mary Brady |
| *6. Mother's Maiden Name* | Mary Sands |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Brady |
| *9. Father's Occupation* | Cap-Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No. 122 Parkin St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18618

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 4 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eleventh |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | June 1st 1877 |
| *4. Place of Birth (Street and Number)* | No 26 Wayne st. |
| *5. Full Name of Mother* | Ellenora Thomas |
| *6. Mother's Maiden Name* | Ellenora Logue |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Thomas |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | Denton Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Winneberger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

186114

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* June 1 1877

*4. Place of Birth (Street and Number)* No. 18 Stockholm

*5. Full Name of Mother* Sarah James

*6. Mother's Maiden Name* Sarah Mathews

*7. Mother's Birthplace* Anselme Co Md

*8. Full Name of Father* Edward James

*9. Father's Occupation* hostler

*10. Father's Birthplace* Anselmell Co Md

*Name of Medical Attendant,* Other Person who makes this Return. Chollotte Ann Wash

*Address* 255 W St Sabary St

*Remarks* + + + x x + + + none x x x x 1

Baltimore

# RETURN OF A BIRTH.

18615

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

June

HEALTH DEPARTMENT
JUN 5 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Mulatto |
| *3. Date of Birth* | 1 June 1876 |
| *4. Place of Birth (Street and Number)* | 341 South Bond St |
| *5. Full Name of Mother* | Charlotte Furon |
| *6. Mother's Maiden Name* | Charlotte Murchell |
| *7. Mother's Birthplace* | Co. Land |
| *8. Full Name of Father* | Edward James Furon |
| *9. Father's Occupation* | Seaman |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Louisa Smith |
| *Address* | Not Child's Mother |
| *Remarks* | Name of Child Charlotte Furon |

***Correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18616

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the first

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 1rst of June 1877
4. *Place of Birth (Street and Number)* No 57 Bandeloe St.
5. *Full Name of Mother* Miss Arnol
6. *Mother's Maiden Name* Berghoff
7. *Mother's Birthplace* born in Beedenkopf Germ
8. *Full Name of Father* Jakob Arnol
9. *Father's Occupation* Saperer
10. *Father's Birthplace* Sellers Germany

*Name of Medical Attendant,* or other Person who makes this Return. Hiller

*Address* No 57 Smalwood

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1861

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 1 |
| *4. Place of Birth (Street and Number)* | 137 Preston St |
| *5. Full Name of Mother* | Margaret Brushwheeler |
| *6. Mother's Maiden Name* | Brayden |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Theodore Brushwheeler |
| *9. Father's Occupation* | House Painter |
| *10. Father's Birthplace* | Frederick Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18618

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 1st 1877 |
| *4. Place of Birth (Street and Number)* | 156 S. Green St. |
| *5. Full Name of Mother* | Mary E. Simms |
| *6. Mother's Maiden Name* | Swan |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Jos L. Simms |
| *9. Father's Occupation* | Stove dealer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | Hanover & Barre Sts |
| *Remarks* | very feeble |

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

# RETURN OF A BIRTH.

15619

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 7 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Boy |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 1. |
| *4. Place of Birth (Street and Number)* | Madison Ave |
| *5. Full Name of Mother* | Fanny Morrison |
| *6. Mother's Maiden Name* | Fanny Mulley |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Robert D. Morrison |
| *9. Father's Occupation* | Lawyer |
| *10. Father's Birthplace* | Wheeling W. Va. |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. Wilson |
| *Address* | 257 Mad. Ave. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18620

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 1st 1877 |
| *4. Place of Birth (Street and Number)* | No 423 Hanover st |
| *5. Full Name of Mother* | Anna Meisnear |
| *6. Mother's Maiden Name* | Shu |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Theodar Meisnear |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | G. Lohrasser midwife |
| *Address* | No 23 Cross st |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18621

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 1 Juni
4. *Place of Birth (Street and Number)* 280 Montgomery Street
5. *Full Name of Mother* Leona ~~[illegible]~~ Bragg
6. *Mother's Maiden Name* L Krieger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Bragg
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leadenhall Street

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1862 N/2

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June 1st 1877 |
| 4. *Place of Birth (Street and Number)* | 288 Montgomery Street |
| 5. *Full Name of Mother* | Lena Propse |
| 6. *Mother's Maiden Name* | " Krüger |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Heinrich Propse |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15622

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 1st 1877 |
| *4. Place of Birth (Street and Number)* | 185 Lanvale St |
| *5. Full Name of Mother* | Adelaide Louisa Hartman |
| *6. Mother's Maiden Name* | " " Gouley |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Henry C. Hartman |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | John S. Lynch M.D. |
| *Address* | S. E. Corner Broadway & Fratt St. |
| *Remarks* | Child Alive & healthy. |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15623

HEALTH DEPARTMENT
JUN
6
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 1st 1877 |
| *4. Place of Birth (Street and Number)* | 56 Pennsylvania Ave |
| *5. Full Name of Mother* | Mary Wise |
| *6. Mother's Maiden Name* | Mary Miner |
| *7. Mother's Birthplace* | Harford Co Md. |
| *8. Full Name of Father* | Albert Wise |
| *9. Father's Occupation* | Confectioner |
| *10. Father's Birthplace* | Geneva Switzerland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. M. Sommerfelt. |
| *Address* | |
| *Remarks* | No 38 Pennesylvania. ave |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18624

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1. 77.
4. *Place of Birth (Street and Number)* 119. Bond st.
5. *Full Name of Mother* Sarah J. B. Briscoe
6. *Mother's Maiden Name* Sarah J. B. Carrow.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William D. Briscoe.
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mary Walter

*Address* 125 N. Cawlines

*Remarks*

# RETURN OF A BIRTH.

15625

HEALTH DEPT. JUN 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*)

*1. Sex* (*state whether Male or Female*)

*2. Race or Color* (*if not of the white race*)

*3. Date of Birth*

*4. Place of Birth* (*Street and Number*)

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18626

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* [illegible]

*2. Race or Color (if not of the white race)* [illegible]

*3. Date of Birth* 1st June 1877

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* [illegible]

*8. Full Name of Father* [illegible]

*9. Father's Occupation* [illegible]

*10. Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18627

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c* | 1st. |
| *1. Sex (state whether Male or Female)* | Female, |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 12th 87 |
| *4 Place of Birth (Street and Number)* | 52 N. Eutaw St. |
| *5. Full Name of Mother* | Emma Brooks, |
| *6. Mother's Maiden Name* | " Sanders, |
| *7. Mother's Birthplace* | Balt. Md. |
| *8. Full Name of Father* | Chas. Harman, Brooks, |
| *9. Father's Occupation* | Paper Hanger, |
| *10. Father's Birthplace* | Balt. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. G. Luck M. D. |
| *Address* | Balt. & Nazl. Sts. |
| *Remarks* | Natural, |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18628

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

RECEIVED
JUN
13
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 day of June 1877
4. *Place of Birth (Street and Number)* No 42 Gist Street Baltimore
5. *Full Name of Mother* Roseller Buck
6. *Mother's Maiden Name* Boselled Robberts
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles buck
9. *Father's Occupation* Brick layer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Louisa Wiley

*Address* No 12 Paterson Park Avenue

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15629

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 14 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 1st 1877 |
| *4. Place of Birth (Street and Number)* | N 134 Oraby St. F.P. |
| *5. Full Name of Mother* | Mrs Josephine Oliver |
| *6. Mother's Maiden Name* | Mrs Josephine |
| *7. Mother's Birthplace* | Baltr. Md |
| *8. Full Name of Father* | Columbus Oliver |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltr Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary E. Simms |
| *Address* | 1478 N 203 Washington St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18630

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 26 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1st 1877
4. *Place of Birth (Street and Number)* No 5 Hub St
5. *Full Name of Mother* Lizzie Lane
6. *Mother's Maiden Name* Lizzie Kindley
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Lane
9. *Father's Occupation* Ship maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Geo Gillespie

*Address* No 182 Monument St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 3 18631

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 13 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 7th 1877 |
| *4. Place of Birth (Street and Number)* | 41 N. Front |
| *5. Full Name of Mother* | Annie Dobbin |
| *6. Mother's Maiden Name* | Ann Fleming |
| *7. Mother's Birthplace* | Ga |
| *8. Full Name of Father* | James Dobbin |
| *9 Father's Occupation* | Livery Stable |
| *10. Father's Birthplace* | Balt- |
| *Name of Medical Attendant, or other Person who makes this Return.* | Geo. B. Reynolds M.D |
| *Address* | 43 N. Calvert |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18632

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 8 te

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Juny 2. 1877
4. *Place of Birth (Street and Number)* South Forstelstr No 35
5. *Full Name of Mother* Magdaleny Hess
6. *Mother's Maiden Name* Magdalena Schmidt
7. *Mother's Birthplace* Oberkes Baiern
8. *Full Name of Father* Michael Hess
9. *Father's Occupation* Confeckner
10. *Father's Birthplace* Moschbach Baden

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanna Raupach

*Address* South Wolfstr No 28

*Remarks*

Midwife

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18633

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 2 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 4th. |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | June 2nd |
| 4. *Place of Birth* (Street and Number) | 148 E Eager St. |
| 5. *Full Name of Mother* | Amanda Comelia Hall |
| 6. *Mother's Maiden Name* | — Gardner |
| 7. *Mother's Birthplace* | Balt |
| 8. *Full Name of Father* | Charles C. E Hall |
| 9. *Father's Occupation* | Cap Driver |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Wm Whelan |
| *Address* | |
| *Remarks* | 7 Months child lived 2½ hours. |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

186834

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 5 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 1st

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 2 of June 1877
4. *Place of Birth (Street and Number)* No 3 Alisen Alley
5. *Full Name of Mother* M. ~~Dantan~~
6. *Mother's Maiden Name* Maggie Dandon
7. *Mother's Birthplace* Born in the City Balto.
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. M. Hillen

*Address* No 57 Smallwood St.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18635

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 6 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child o me mo

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth June the 2. 18. 77
4. Place of Birth (Street and Number) Regesster Street 124
5. Full Name of Mother martha Woolford
6. Mother's Maiden Name Martha manokey
7. Mother's Birthplace Dorchester Co md
8. Full Name of Father John Woolford
9. Father's Occupation Labor
10. Father's Birthplace Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regesster St 124

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1 1 18636

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 2nd |
| *4. Place of Birth (Street and Number)* | 179 Hanover St |
| *5. Full Name of Mother* | Mary Belzenburger Mueller |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Belzenburger |
| *9. Father's Occupation* | Farmer Keeper |
| *10. Father's Birthplace* | Sweden |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Knoh |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18637

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 2nd " |
| *4. Place of Birth (Street and Number)* | 64 James Alley |
| *5. Full Name of Mother* | Magaretha Geible |
| *6. Mother's Maiden Name* | Tassel |
| *7. Mother's Birthplace* | Kurhessen |
| *8. Full Name of Father* | Peter Geible |
| *9. Father's Occupation* | Grocery dealer |
| *10. Father's Birthplace* | Kurhessen |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Krole |
| *Address* | 326 S Eutaw St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18638

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 2d. 1877 |
| *4. Place of Birth (Street and Number)* | 177 E. Fayettstret |
| *5. Full Name of Mother* | Sofia Faraus |
| *6. Mother's Maiden Name* | S. Schreiber |
| *7. Mother's Birthplace* | Germane |
| *8. Full Name of Father* | Johan A. Faraus |
| *9. Father's Occupation* | Clark in Postoffice |
| *10. Father's Birthplace* | Germane |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mr R. Rudiger |
| *Address* | 134 n. Bondstret |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18639

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 4th |
| 1. *Sex* (*state whether Male or Female*) | Female |
| 2. *Race or Color* (*if not of the white race*) | Black |
| 3. *Date of Birth* | 2nd June 77 |
| 4. *Place of Birth* (*Street and Number*) | 165 Orleans St. |
| 5. *Full Name of Mother* | Margt Ritchie |
| 6. *Mother's Maiden Name* | M. Wilson |
| 7. *Mother's Birthplace* | Philadelphia |
| 8. *Full Name of Father* | John Ritchie |
| 9. *Father's Occupation* | Seaman |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Walter |
| *Address* | 125 N. Caroline |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18640

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 2nd June 1877
4. Place of Birth (Street and Number) 328 Orleans n-
5. Full Name of Mother Eva Ann Crawford
6. Mother's Maiden Name Nash
7. Mother's Birthplace Baltimore City
8. Full Name of Father John, C. Crawford
9. Father's Occupation Druggist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm, L. Russell

Address Broadway & Madison n-

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

1867 #1

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

JUN 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 2nd 1877 |
| *4. Place of Birth (Street and Number)* | 29th & Lombard St |
| *5. Full Name of Mother* | Aurelia Hamberry |
| *6. Mother's Maiden Name* | Aurelia Mezick |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Wm J Hamberry |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Ann Ulwell |
| *Address* | 286 N. Donogh st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1861121

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPT. JUN 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | 3d. |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | June 2nd. |
| 4. *Place of Birth* (Street and Number) | 262 Pratt |
| 5. *Full Name of Mother* | Mary Dirk |
| 6. *Mother's Maiden Name* | Ballot |
| 7. *Mother's Birthplace* | Grace France |
| 8. *Full Name of Father* | Theodore Dirk |
| 9. *Father's Occupation* | Powder dealer |
| 10. *Father's Birthplace* | New York |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Knox |
| *Address* | 128 Eastern Ave. |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18648

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 2 of June. |
| *4. Place of Birth (Street and Number)* | Jackson St. |
| *5. Full Name of Mother* | Mary Calvin |
| *6. Mother's Maiden Name* | Mary Jones |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Calvin |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Geo Martin |
| *Address* | West St 128 |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

186144

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT
JUN
13
877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Fourth-child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* June 2nd 1877
4. *Place of Birth* (Street and Number) No 4 Brewer's alley
5. *Full Name of Mother* Mary Clark
6. *Mother's Maiden Name*
7. *Mother's Birthplace* St Mary's Co Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Maria Burgess

*Address* No 4 Brewer's alley

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18645

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 8th / 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Col |
| *3. Date of Birth* | July 2 1877 |
| *4. Place of Birth (Street and Number)* | 15 Harmony Lane |
| *5. Full Name of Mother* | Rebecka Jane Williams |
| *6. Mother's Maiden Name* | " Smith |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | John Wesley Williams |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | W W Ashton |
| *Address* | 192 Pearl st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

REGISTRAR'S OFFICE JUL 7 1877 BALTIMORE

18646

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* In Baltimore

*1. Sex (state whether Male or Female)* In Bohemia

*2. Race or Color (if not of the white race)* It is 7 White race

*3. Date of Birth* In Baltimore

*4. Place of Birth (Street and Number)* 22 Cheverness Abt St No 18

*5. Full Name of Mother* Sofe Svonard

*6. Mother's Maiden Name* Sofe Laper

*7. Mother's Birthplace* Sprover

*8. Full Name of Father* Jim Laper

*9. Father's Occupation* Lab Ver

*10. Father's Birthplace* Zlesplet

*Name of Medical Attendant,* or other Person who makes this Return. Mearey Fuchs

*Address* No 61 North Wilton St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.** 18647

HEALTH DEPARTMENT
JUN 5 1877

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Child Baltimore City Md June 2
1. *Sex* (state whether Male or Female) Child Born first Female Mother Born in
2. *Race or Color* (if not of the white race) annarell County Md Birthday first
3. *Date of Birth* day of may place
4. *Place of Birth* (Street and Number) of Birth Boyde / St 52
5. *Full Name of Mother* near popleton St father William Johnson
6. *Mother's Maiden Name* morgett Spreggs 62 peach ally
7. *Mother's Birthplace* occupation White Washing father Birthplace
8. *Full Name of Father* / petersburg va
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18648

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord race
3. Date of Birth June the 2.18.77
4. Place of Birth (Street and Number) orleans St 276
5. Full Name of Mother
6. Mother's Maiden Name Sarah Hilurd
7. Mother's Birthplace Baltimore M d
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regessler St 130 Baltimore Md

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18649

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 3rd. |
| *4. Place of Birth (Street and Number)* | No. 309 Bank Street. |
| *5. Full Name of Mother* | Mary Ann Jordan. |
| *6. Mother's Maiden Name* | " " Gray. |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Thos. W. Jr. Jordan |
| *9. Father's Occupation* | Printer. |
| *10. Father's Birthplace* | Carroll Co. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Louisa Wiley |
| *Address* | No 12 Paterson Park Avenue |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18650

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

*No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)*

*1. Sex (~~state whether Male or~~ Female)*

*2. Race or Color (~~if not of the~~ white race)*

*3. Date of Birth* June 3rd 77

*4. Place of Birth (Street and Number)* 754 W Baltimore St

*5. Full Name of Mother* Fannie I. Brandt

*6. Mother's Maiden Name* Fannie I. Nozes

*7. Mother's Birthplace* Balt City

*8. Full Name of Father* Lewis W. Brandt

*9. Father's Occupation* Tinner

*10. Father's Birthplace* Frederick City Md

*Name of Medical Attendant,* or other Person who makes this Return. John I. R. Frazer Ex

*Address* City

*Remarks*

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18651

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
5
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Third |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | June 3rd 1877 |
| *4. Place of Birth* (Street and Number) | No. 408 N. Calhoun St. |
| *5. Full Name of Mother* | Mrs. Ann Eliza Swann |
| *6. Mother's Maiden Name* | Lewellyn |
| *7. Mother's Birthplace* | Richmond - Va. |
| *8. Full Name of Father* | Geo. Francis Swann |
| *9 Father's Occupation* | Coach trimmer |
| *10. Father's Birthplace* | Caroline Co. Va. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. V. McKenney M.D |
| *Address* | 10 N. Carey St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18652

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 3rd 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard st
5. *Full Name of Mother* Cornelia Bond
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Md
8. *Full Name of Father* Zacharia Johnson
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. H. Hunter McKee MD

*Address*

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18653

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | June 3 |
| *4. Place of Birth (Street and Number)* | Flat Iron Row |
| *5. Full Name of Mother* | Mary Barton |
| *6. Mother's Maiden Name* | Muter |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Silas Barton |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Robinson |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Fee: Record of Vital Statistics in the City of Baltimore.**

18654

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* June 3 ed 1877

*4. Place of Birth (Street and Number)* No 144 Sharp st.

*5. Full Name of Mother* Anna Maisch

*6. Mother's Maiden Name* Bishoph

*7. Mother's Birthplace* Germany.

*8. Full Name of Father* Fredrich Maisch

*9. Father's Occupation* Restaurant

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. L. Lohwaiser midwife

*Address* No 213 Cross st.

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18655

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 d.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 3 d. 1877

4. *Place of Birth (Street and Number)* 84 N. Dolle Street

5. *Full Name of Mother* Lisabett Eikenberg

6. *Mother's Maiden Name* Lisabeth Szecht

7. *Mother's Birthplace* Germane

8. *Full Name of Father* August Eikenberg

9. *Father's Occupation* Baker

10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie Rudiger

*Address* 134. N. Bondstret

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18656

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3rd June 1877
4. *Place of Birth (Street and Number)* 109 Hamburg St Balti
5. *Full Name of Mother* Mary Lewis
6. *Mother's Maiden Name* Mary Caskey
7. *Mother's Birthplace* Balti
8. *Full Name of Father* John Lewis
9. *Father's Occupation* Core Maker
10. *Father's Birthplace* Balti

*Name of Medical Attendant,* or other Person who makes this Return. Mary R. Caskey

*Address* 134 Hamburg St.

*Remarks* Doing Well

18657

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored.

*3. Date of Birth* 3d

*4. Place of Birth (Street and Number)* warner st 196

*5. Full Name of Mother* Emily A Boyer

*6. Mother's Maiden Name* Emily A Dunn

*7. Mother's Birthplace* Kent Island

*8. Full Name of Father* John T Boyer

*9. Father's Occupation* Sailor

*10. Father's Birthplace* Kent County

*Name of Medical Attendant,* or other Person who makes this Return. Angelina Wilson

*Address* died 15 of June

*Remarks* Mr J. Davis undertaker

cause of death spasm 103 Lee St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18658

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 3d 1877 |
| *4. Place of Birth (Street and Number)* | No 171 Register st |
| *5. Full Name of Mother* | Maria Schneider |
| *6. Mother's Maiden Name* | " Voigts |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Andreas Schneider |
| *9. Father's Occupation* | Cigar maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizatte Buschmann |
| *Address* | 120 Bank st. |
| *Remarks* | |

JUN 18 1877 BALTIMORE

18659

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) color
3. Date of Birth June 3 1877
4. Place of Birth (Street and Number) 123 central avenue
5. Full Name of Mother Mary A Smith
6. Mother's Maiden Name Mary Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father ~~Jo~~ Joseph Smith
9. Father's Occupation driving
10. Father's Birthplace Winchester

Name of Medical Attendant, or other Person who makes this Return, Sophia Hines

Address Mo 135 Chesnut st

Remarks

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1866.60

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUN 11 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 8th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 3 June 1877

*4. Place of Birth (Street and Number)* 323 Charles St

*5. Full Name of Mother* Henriette Wessel

*6. Mother's Maiden Name* Ey

*7. Mother's Birthplace* Hanover Germany

*8. Full Name of Father* Henry Wessel

*9. Father's Occupation* Dry Good Dealer

*10. Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kyle

*Address* 328 Eutaw St.

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18661

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 3d 1877
4. *Place of Birth (Street and Number)* S. W Corner Druid Hill Ave & Union St
5. *Full Name of Mother* Mary E. McKenna
6. *Mother's Maiden Name* Mary E. Kerwin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas McKenna
9. *Father's Occupation* Stone Keeper
10. *Father's Birthplace* County Monaghan Ireland

*Name of Medical Attendant, or other Person who makes this Return.* F. E. Chatard MD

*Address* N 114 Park Ave

*Remarks*

# RETURN OF A BIRTH.

~~[illegible]~~
18662

HEALTH DEPARTMENT
JUN 15 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, ~~3d,~~ &c.)*

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* June 4 1877
4. *Place of Birth (Street and Number)* No 336 Myrtle avenue
5. *Full Name of Mother* Ella McTeer
6. *Mother's Maiden Name* Ella Hagan
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Richd McTeer
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 23 Franklin Balto

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18663

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 15 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | |
| *1. Sex (state whether Male or Female)* | female Child |
| *2. Race or Color (if not of the white race)* | Colard |
| *3. Date of Birth* | Born June 4th 1877 |
| *4. Place of Birth (Street and Number)* | Welcome alley No 71 |
| *5. Full Name of Mother* | Mary Barns |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Easton Shore Maryland |
| *8. Full Name of Father* | Unmarried |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sarah Jones |
| *Address* | No 67 Welcome alley |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

186611

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** June 5th 1877

HEALTH DEPARTMENT
JUN 5 '77
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 4th 1877.
4. *Place of Birth (Street and Number)* 12 Castle St.
5. *Full Name of Mother* Minnie Moller
6. *Mother's Maiden Name* Minnie Holz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Klass Miller
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mary Arnold

*Address* No 137 Wolfe St

*Remarks* —

18665

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 4 1877
4. *Place of Birth (Street and Number)* O'Orlans Str No 355
5. *Full Name of Mother* Elicabeth Hebel
6. *Mother's Maiden Name* Elicabeth Stiefel
7. *Mother's Birthplace* Brooklin New York
8. *Full Name of Father* Cristian Hebel
9. *Father's Occupation* Putscher
10. *Father's Birthplace* Ottenberg Hessen Darmstadt

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18666

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
5
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4/77
4. *Place of Birth (Street and Number)* 163 W. Maryland st
5. *Full Name of Mother* Susan Woods
6. *Mother's Maiden' Name* . . .
7. *Mother's Birthplace* not Known
8. *Full Name of Father* . . .
9. *Father's Occupation* . . .
10. *Father's Birthplace* . . .

*Name of Medical Attendant,* or other Person who makes this Return. Dr Hunter McKen MD

*Address* . . .

*Remarks* Patient Idiotic

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

6 18667

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 4th 1877
4. *Place of Birth (Street and Number)* No 182 Chestnut ally
5. *Full Name of Mother* Sasanda Green
6. *Mother's Maiden Name* Sasanda Harris
7. *Mother's Birthplace* Carroll Co. Md
8. *Full Name of Father* J. D. Green
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Smith

18668

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 4 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 4th 1877 |
| *4. Place of Birth (Street and Number)* | 88 E. Fayette St. |
| *5. Full Name of Mother* | Mary Smith |
| *6. Mother's Maiden Name* | " Orl |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Frank Smith |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. W. Mansfield M.D. |
| *Address* | 117 S. Broadway |
| *Remarks* | |

# RETURN OF A BIRTH.

18669

HEALTH DEPARTMENT JUN 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 4th 77. |
| *4. Place of Birth (Street and Number)* | Balto. 701 Lexington st |
| *5. Full Name of Mother* | Mary Annar Sadler |
| *6. Mother's Maiden Name* | Mary Annar Jenkins |
| *7. Mother's Birthplace* | Hampshire Penn. |
| *8. Full Name of Father* | Wm H. Sadler. |
| *9. Father's Occupation* | Jeweler |
| *10. Father's Birthplace* | Balto. Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | A A Sadler M D. |
| *Address* | |
| *Remarks* | |

18670

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 4th. 1877

*4. Place of Birth (Street and Number)* No 3. Bridenbaum alley near [illegible]

*5. Full Name of Mother* Anis Miller

*6. Mother's Maiden Name* Annie Schaeffer

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Charlie Miller

*9. Father's Occupation* Bricklayer

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Bull.

*Address* No 181. N. Central Avenue

*Remarks* ~~Well~~ died. cause of early birth only 7 months.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18671

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 4th 77. |
| *4. Place of Birth (Street and Number)* | Hall at No. 225 |
| *5. Full Name of Mother* | Margt. Kramer |
| *6. Mother's Maiden Name* | " Reinter |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Charles Kramer |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schultz |
| *Address* | Midwife |
| *Remarks* | 320 Allicat Anna st. |

# RETURN OF A BIRTH.

18672

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June. 4th /77 |
| *4. Place of Birth (Street and Number)* | Allice Anna st 343 |
| *5. Full Name of Mother* | Magdalena Kolb- |
| *6. Mother's Maiden Name* | " Schmid |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | John Kolb- |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germ. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schmitz midwife |
| *Address* | 320 allice Anna st. |
| *Remarks* | |

# RETURN OF A BIRTH.

6 18673

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 8 97
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 4th |
| *4. Place of Birth (Street and Number)* | 77 Portland st |
| *5. Full Name of Mother* | Mary Elisabeth Meyers |
| *6. Mother's Maiden Name* | " " Wagner |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jacob Meyers |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Anna Lindner |
| *Address* | Monroe st near Lombard |
| *Remarks* | All C. K |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

186711

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. the. 4. 1877
4. *Place of Birth (Street and Number)* Lexington St. No. 133.
5. *Full Name of Mother* Jennie E. Heineking
6. *Mother's Maiden Name* Jennie E. Kaiser
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John H. Heineking
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Bremen. Fr. Stadt. Bremen Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15675

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
11
87
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 4 of June. |
| *4. Place of Birth (Street and Number)* | Hanover St No 177 |
| *5. Full Name of Mother* | Bernardine Keinle |
| *6. Mother's Maiden Name* | Bernhardine Schmidt |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Raymond Keinle |
| *9. Father's Occupation* | Schow case Manufactr |
| *10. Father's Birthplace* | Switzerland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Martin |
| *Address* | Hart St No 128 |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18677

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* No 2 Norris Alley Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June the fourth
4. *Place of Birth (Street and Number)* Baltimore Norris Alley No 2
5. *Full Name of Mother* Harrietann Pierce
6. *Mother's Maiden Name* Harrietann druette
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Sameul Pierce
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Williamsport Pa

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Smethers

*Address* No 40 Walnut Alley

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18677

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 4th 1877 |
| *4. Place of Birth (Street and Number)* | Wolfe St. F.B. |
| *5. Full Name of Mother* | Lena Schultz Graft |
| *6. Mother's Maiden Name* | Lena Schultz |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | Graft |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Mary E. Simms |
| *Address* | 203 E Washington St. |
| *Remarks* | F.B. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18678

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
14
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

*1. Sex (~~state whether~~ Male ~~or Female~~)*

*2. Race or Color (~~if not of the~~ white race)*

*3. Date of Birth* June 4th 1877

*4. Place of Birth (Street and Number)* No 154 N Eden st

*5. Full Name of Mother* Maggie Pagiott

*6. Mother's Maiden Name* Maggie Smith

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* William Pagiott

*9. Father's Occupation* Preserving Fruit

*10. Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J Ridgway Andre M. D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18679

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1/K

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 4 day of June.
4. *Place of Birth (Street and Number)* Locust Point No 70 Bason Street
5. *Full Name of Mother* Maria Adolph
6. *Mother's Maiden Name* Maria Stephan
7. *Mother's Birthplace* ~~Death~~ Germania
8. *Full Name of Father* John Adolph
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germania

*Name of Medical Attendant,* or other Person who makes this Return. —

*Address* —

*Remarks* Mayor to Ellet.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18680

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 21 1877
BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* June 4th 1877
4. *Place of Birth* (*Street and Number*) N 28 S. Oregon
5. *Full Name of Mother* Mary Jane Ralston
6. *Mother's Maiden Name* Mary Jane Young
7. *Mother's Birthplace* County Donnegal Ireland
8. *Full Name of Father* Thomas H. Ralston
9. *Father's Occupation* Travelling Agent.
10. *Father's Birthplace* County Donnegal Ireland

*Name of Medical Attendant,* or other Person who makes this Return. F. S Chatard M.D.

*Address* N 114 Park Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18681

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 23 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 4 1877 |
| *4. Place of Birth (Street and Number)* | 73 Woodyear |
| *5. Full Name of Mother* | Carrie M. Clarke |
| *6. Mother's Maiden Name* | Schaum |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Wm. Henry Clarke |
| *9 Father's Occupation* | Car Driver B. C. P. R. W. |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. H. Christian M.D. |
| *Address* | 431 Lemmon Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

186821

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 8 th. 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Bright |
| *3. Date of Birth* | June 4 th 1877 |
| *4. Place of Birth (Street and Number)* | Carlton St No 3 Baltimore Md. |
| *5. Full Name of Mother* | Jane Butler |
| *6. Mother's Maiden Name* | " Fredricks |
| *7. Mother's Birthplace* | Montgomery Co. near Clarksburg |
| *8. Full Name of Father* | Samuel C. Butler. |
| *9. Father's Occupation* | Draymen |
| *10. Father's Birthplace* | Rockville |
| *Name of Medical Attendant, or other Person who makes this Return.* | Grandmother of the Child Lethia Fredricks |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

18683

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) tenth

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* June 4th 1877
4. *Place of Birth* (Street and Number) 21 Abbott st.
5. *Full Name of Mother* Katie Theresa Hahn
6. *Mother's Maiden Name* " " Kenny
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Hahn (deceased)
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. C. F. Rauch M.D

*Address* 27 N. Broadway

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

186814

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
8
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | June 8 |
| *4. Place of Birth (Street and Number)* | 38 St paul st |
| *5. Full Name of Mother* | Emily young |
| *6. Mother's Maiden Name* | Emily Lee |
| *7. Mother's Birthplace* | st marys co |
| *8. Full Name of Father* | William young |
| *9. Father's Occupation* | Typeitor |
| *10. Father's Birthplace* | st marys co |
| *Name of Medical Attendant, or other Person who makes this Return.* | mrs Lear Johnson |
| *Address* | no 32 short st |
| *Remarks* | healthy child |

18683

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
7
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 5th 77. |
| *4. Place of Birth (Street and Number)* | Alice anna st 320 |
| *5. Full Name of Mother* | Leonatina Schmid |
| *6. Mother's Maiden Name* | " Ditz |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Bernhad Schmid |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schmitt |
| *Address* | Midwife |
| *Remarks* | 320 Alice Anna st. |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

18686

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 5th/77 |
| *4. Place of Birth (Street and Number)* | Durham st No. 261 |
| *5. Full Name of Mother* | Mary Sterling |
| *6. Mother's Maiden Name* | " Betzman |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Charles Sterling |
| *9. Father's Occupation* | Caulker |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18687

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 5th/77 |
| *4. Place of Birth (Street and Number)* | Wolf st No 153 |
| *5. Full Name of Mother* | Risa Jader |
| *6. Mother's Maiden Name* | Risa Klein |
| *7. Mother's Birthplace* | England |
| *8. Full Name of Father* | Joseph Jader |
| *9. Father's Occupation* | Labour |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18688

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1877 BALTIMORE

*No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)*

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Juny 5 1877
4. *Place of Birth (Street and Number)* South Schoppelstr No 71.
5. *Full Name of Mother* Kunigunde Pfeifer
6. *Mother's Maiden Name* Kunigunde Kramer
7. *Mother's Birthplace* Frisen Beiern
8. *Full Name of Father* Nicholaus Pfeifer
9. *Father's Occupation* Werftarbeiter
10. *Father's Birthplace* Zeyendorf Beiern

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18689

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 5 June

*4. Place of Birth (Street and Number)* 114 Mulberry Street

*5. Full Name of Mother* Mary Stocko

*6. Mother's Maiden Name* Bell

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* George Stocko

*9. Father's Occupation* Barbeer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* 40 S. Greenby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18690

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 87 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 31 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 3rd 1877 |
| *4. Place of Birth (Street and Number)* | 357 Hamburg St. |
| *5. Full Name of Mother* | Mary Anna P[illegible]chett |
| *6. Mother's Maiden Name* | Jan Cannes |
| *7. Mother's Birthplace* | Talbot Co Md. |
| *8. Full Name of Father* | Benj. F. Pritchett |
| *9. Father's Occupation* | Marin[illegible] |
| *10. Father's Birthplace* | Dorchester Co Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | Hanover Barnes |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

18691

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* June 9th 1877

*4. Place of Birth (Street and Number)* 325 W Saloon St

*5. Full Name of Mother* Emma Hooper

*6. Mother's Maiden Name* Emma Smith

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Alexandria Hooper

*9. Father's Occupation* Brick moulder

*10. Father's Birthplace* Cambridge

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* 255 W [illegible] Saboy St

*Remarks* Home 4 A 4 4 4 4

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18692

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 12 1871 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 5th June

*4. Place of Birth (Street and Number)* Baltimore St

*5. Full Name of Mother* Annie Gury

*6. Mother's Maiden Name* Gourley

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Joseph Gury

*9. Father's Occupation* porter

*10. Father's Birthplace* Baltimore St 246

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Gury

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18693

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPART
JUN
12
BA
TIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Tuesday June 6th 1893
4. *Place of Birth* (Street and Number) 18 Lakes st Balto City
5. *Full Name of Mother* Lizzie Reilly
6. *Mother's Maiden Name* Lizzie Smith
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Alfred Reilly
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

*Name of Medical Attendant*, or other Person who makes this Return. Sophie Kinsey

*Address* 135 Chestnut st

*Remarks*

# RETURN OF A BIRTH.

18691

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

RECEIVED
JUN
11
1917
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | 9th |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | June 5th |
| *4. Place of Birth* (Street and Number) | 126 Bergunder Alley |
| *5. Full Name of Mother* | Anna Edforth |
| *6. Mother's Maiden Name* | Leibheiser |
| *7. Mother's Birthplace* | Sachsen |
| *8. Full Name of Father* | John Docfrich |
| *9. Father's Occupation* | Porter |
| *10. Father's Birthplace* | Sachsen |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Krow |
| *Address* | 328 E Eutaw |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18695

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUN 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 5th |
| *4. Place of Birth (Street and Number)* | 755 Light St |
| *5. Full Name of Mother* | Lizzie Hamilton |
| *6. Mother's Maiden Name* | Stratman |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles Hamilton |
| *9. Father's Occupation* | Tavern Keeper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Krow |
| *Address* | 327 S Eutaw St |
| *Remarks* | |

18696

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 5th 1877
4. Place of Birth (Street and Number) Clements St No 21 Locust Point
5. Full Name of Mother George Anna Thomas
6. Mother's Maiden Name George Anna Glover
7. Mother's Birthplace Baltimore MD
8. Full Name of Father William Thomas
9. Father's Occupation Laborer
10. Father's Birthplace Wales

Name of Medical Attendant, or other Person who makes this Return.

Address Margret Ettel

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIR

## To the Office of Registrar of Vital Statistics, Boar
## BALTIMORE CITY.

1897

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 5th 1897
4. *Place of Birth (Street and Number)* No 89 Gilmbert st
5. *Full Name of Mother* Elma Behm
6. *Mother's Maiden Name* Elma Lenfbrecht
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Behm
9. *Father's Occupation* Brick layer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Killgerst

*Address* No 182 Monument st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15698

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | white. |
| *3. Date of Birth* | 5th June. |
| *4. Place of Birth (Street and Number)* | 449 Saratoga stut. |
| *5. Full Name of Mother* | Marg Fell. |
| *6. Mother's Maiden Name* | Marg. Fleischmann. |
| *7. Mother's Birthplace* | Mistendorf. |
| *8. Full Name of Father* | Casper Fell. |
| *9. Father's Occupation* | Baker. |
| *10. Father's Birthplace* | Franconeth Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Anna Dumler 60 Charles |
| *Remarks* | |

# RETURN OF A BIRTH.

18699

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 5, 77 |
| *4. Place of Birth (Street and Number)* | 742 W Lexington |
| *5. Full Name of Mother* | Hemsley |
| *6. Mother's Maiden Name* | Dorney |
| *7. Mother's Birthplace* | |
| *8. Full Name of Father* | Wm Hemsley |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Lewis M Eastman |
| *Address* | 349 Lewis |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesai within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childr born, its or their physical condition, whether still born or not, the full name, nativity, and residen of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18700

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
1
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 3 1877 |
| *4. Place of Birth (Street and Number)* | 26 S. Poppleton |
| *5. Full Name of Mother* | Maggie Neal |
| *6. Mother's Maiden Name* | McDonald |
| *7. Mother's Birthplace* | Balt. Co. Md. |
| *8. Full Name of Father* | Alfred N. Neal |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Chester Co. Pa. |
| *Name of Medical Attendant, or other Person who makes this Return.* | John Hood M.D. |
| *Address* | 274 Hollins St. |
| *Remarks* | Fine, well formed child |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18701

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

Name of Child: Frederick Günther

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 5th
4. *Place of Birth (Street and Number)* cor Low & Forrest
5. *Full Name of Mother* Lisette Günther
6. *Mother's Maiden Name* Hoblmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Günther
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. M Mumbalzer

*Address* 165 W. Lanbar St

*Remarks*

# RETURN OF A BIRTH.

18702

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 6th 77. |
| *4. Place of Birth (Street and Number)* | Canton ave 482 |
| *5. Full Name of Mother* | Sophia Keiblein |
| *6. Mother's Maiden Name* | " Bartens |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Conrad Keiblein |
| *9. Father's Occupation* | Paver |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm A. Schultz |
| *Address* | Andrew |
| *Remarks* | 320 Allicant |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18703

HEALTH DEPARTMENT
JAN
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 6th /77 |
| *4. Place of Birth (Street and Number)* | ~~Clara Blair~~ 38 Fairmount Ave. |
| *5. Full Name of Mother* | Clara Brinkein |
| *6. Mother's Maiden Name* | Clara Blair |
| *7. Mother's Birthplace* | Oldenburg Germany |
| *8. Full Name of Father* | John Brinkein |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Loederer |
| *Address* | #25 S. Durham St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18704

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

*No. of Child of Mother,* (~~*state whether 1st*~~, *2d,* ~~*3d, &c.*~~)

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* June 6th 1877
4. *Place of Birth (Street and Number)* 405 W Lexington St
5. *Full Name of Mother* Emma S. Fowler.
6. *Mother's Maiden Name* Emma S. Sellers,
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Virgil R. Fowler.
9. *Father's Occupation* Plasterer.
10. *Father's Birthplace* Calvert Co. Md

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Brozer. M.D.

*Address*

*Remarks*

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15705

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Wednesday June 6th 1877 |
| *4. Place of Birth (Street and Number)* | Multikin St. No. 179 |
| *5. Full Name of Mother* | Georgetta Coleman |
| *6. Mother's Maiden Name* | Georgetta Green |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Jno. A. Coleman |
| *9. Father's Occupation* | Caulker |
| *10. Father's Birthplace* | Baltimore co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Susan Morgan midwife |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18706

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 2 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 6th 1877. |
| *4. Place of Birth (Street and Number)* | Light Street. No 737. |
| *5. Full Name of Mother* | Margaretha Kunstler |
| *6. Mother's Maiden Name* | Margareth Sachs |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | John Kunstler |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return* | Dr Dorothea Bruns |
| *Address* | 114 Baltimore St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1870 7 1

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother* (state whether ~~1st~~, 2d, ~~3d~~, &c.) 1

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 6th June 1877.
4. *Place of Birth* (Street and Number) #38 S. Green St
5. *Full Name of Mother* Annie Barbara Wood
6. *Mother's Maiden Name* " " Shelter
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Chas Edw Wood
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Mass

*Name of Medical Attendant,* or other Person who makes this Return. Thos H. Caplis

*Address* #1 Waverley Terrace

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18708

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 11 1870
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 June
4. *Place of Birth (Street and Number)* 166 Baltimore Street
5. *Full Name of Mother* Emma Bengar Lentz
6. *Mother's Maiden Name* Bengar
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Lentz
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* 470 Greenly

*Remarks*

# RETURN OF A BIRTH.

18709

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 1887 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

**Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

18710

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 6th |
| 1. *Sex* (*state whether Male or Female*) | White Female, |
| 2. *Race or Color* (*if not of the white race*) | White |
| 3. *Date of Birth* | June 6th 1877. |
| 4. *Place of Birth* (*Street and Number*) | 60 Fawn St. |
| 5. *Full Name of Mother* | Mary Elizh. Bramble. |
| 6. *Mother's Maiden Name* | Mary Elizh. Smith. |
| 7. *Mother's Birthplace* | Maryland |
| 8. *Full Name of Father* | Grason Bramble. |
| 9. *Father's Occupation* | Clerk. |
| 10. *Father's Birthplace* | Maryland |
| *Name of Medical Attendant*, or other Person who makes this Return. | J. N. Hack M.D. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1871

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1871 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June the 6 1871
4. *Place of Birth (Street and Number)* Baltimore No 13 Wilmore Alley
5. *Full Name of Mother* Emma Hawkins
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* James Hawkins
9. *Father's Occupation* Labour
10. *Father's Birthplace* md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

# RETURN OF A BIRTH.

18712

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Wednesday June 6th

*4. Place of Birth (Street and Number)* 52 Saratoga St

*5. Full Name of Mother* Mary A Norris

*6. Mother's Maiden Name* Mary A. McCartney

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Michael Norris

*9. Father's Occupation* Printer

*10. Father's Birthplace* Lynchburg Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Aberdeen Welch M.D.

*Address* 51. N Calvert St

*Remarks*

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11

# RETURN OF A BIRTH.

18713

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 21 1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* June 6th
4. *Place of Birth* (Street and Number) 85 N High st.
5. *Full Name of Mother* Julie Stoetzer
6. *Mother's Maiden Name* Heinewald
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ferdinand A. H. Stoetzer
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Henry Salzer

*Address* 165 W Lombard St.

*Remarks*

---

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

18714

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 15 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | Colored Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 6th 1877 |
| *4. Place of Birth (Street and Number)* | No. 147 Little Monument Street |
| *5. Full Name of Mother* | Mary Jane Hurry |
| *6. Mother's Maiden Name* | Carroll. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Hurry D. Peady |
| *9. Father's Occupation* | Horse Trainer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlott Wilson. |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18715

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 6th 1877 |
| *4. Place of Birth (Street and Number)* | Eden St # 48 |
| *5. Full Name of Mother* | May B. Mekenberg |
| *6. Mother's Maiden Name* | " " Werle |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | William Mekenberg |
| *9. Father's Occupation* | Watchman |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Ully |
| *Address* | 48 Holland St City |
| *Remarks* | |

18716

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th 1877
4. *Place of Birth (Street and Number)* No 495 Hanford Ave
5. *Full Name of Mother* Barbara Brosch
6. *Mother's Maiden Name* Barbera Lister
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Brosh
9. *Father's Occupation* Woman Hair Manufacturer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Killegist

*Address* No 182 E Monument St

*Remarks*

# RETURN OF A BIRTH.

1877

HEALTH DEPARTMENT
JUN
7
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Girl |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 7 |
| *4. Place of Birth (Street and Number)* | Schroder & Stollen 5th |
| *5. Full Name of Mother* | Mary Lee |
| *6. Mother's Maiden Name* | Mad Wood |
| *7. Mother's Birthplace* | Balt. Co. |
| *8. Full Name of Father* | John Lee |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Balt |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. M. Wilson |
| *Address* | 257 Mad. ave. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18718

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 7th 1877 |
| *4. Place of Birth (Street and Number)* | 13 Valley St |
| *5. Full Name of Mother* | Elizabeth Reynidan |
| *6. Mother's Maiden Name* | " Whalan |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Timothy Reinidan |
| *9. Father's Occupation* | Collector |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Timothy Reinidan |
| *Address* | 13 Valley St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15719

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Jan 7th 1877 |
| *4. Place of Birth (Street and Number)* | 97 Jack. Sq. Av |
| *5. Full Name of Mother* | Alice Owens |
| *6. Mother's Maiden Name* | Alice Wright |
| *7. Mother's Birthplace* | Somerset Co. Md. |
| *8. Full Name of Father* | Marcellus Owens |
| *9. Father's Occupation* | Fishboatman |
| *10. Father's Birthplace* | Somerset Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr R. W. Mansfield |
| *Address* | 117 N. Broadway |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15720

HEALTH DEPARTMENT JUN 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 7 d. 1877
4. *Place of Birth (Street and Number)* 135 n Bond Stret
5. *Full Name of Mother* Mina Lomb
6. *Mother's Maiden Name* Mina Schafer
7. *Mother's Birthplace* Nayork Ste
8. *Full Name of Father* Justus Lomb
9. *Father's Occupation* Kabeenetmaker
10. *Father's Birthplace* Da German

*Name of Medical Attendant,* or other Person who makes this Return. M R. Rudiger

*Address* 134 n Bondstret

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18721

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 1st of June 1877 |
| 4. Place of Birth (Street and Number) | 580 Fisquith st |
| 5. Full Name of Mother | C. Heinz |
| 6. Mother's Maiden Name | C. Herman |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | B. P. Heinz |
| 9. Father's Occupation | Butcher |
| 10. Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | Mary Walle |
| Address | 121 N. Caroline st |
| Remarks | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18722

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Children

1. *Sex (state whether Male or Female)* Last A Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7th of June 1877
4. *Place of Birth (Street and Number)* 205 West Maulderry st
5. *Full Name of Mother* Alias O'Guard
6. *Mother's Maiden Name* Allast Shutt
7. *Mother's Birthplace* Baltimore Charles H. Shutt
8. *Full Name of Father* Charles H. Shutt
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 71 N. Chappel St for John Kunkel

*Remarks* Healthy

# RETURN OF A BIRTH.

18723

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

JUN 11 1871 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Male Child |
| *2. Race or Color (if not of the white race)* | Brown skin |
| *3. Date of Birth* | 1 of June |
| *4. Place of Birth (Street and Number)* | Orleans Sts |
| *5. Full Name of Mother* | Mary ann howard |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Lewis washington |
| *9. Father's Occupation* | Weaver Work |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mid wife Harriet Barston |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1872 11

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 June
4. *Place of Birth (Street and Number)* No 100 Shame Street
5. *Full Name of Mother* Henrietta Künneke
6. *Mother's Maiden Name* Knakstedt
7. *Mother's Birthplace* Garming
8. *Full Name of Father* John Künneke
9. *Father's Occupation* None
10. *Father's Birthplace* Garming

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Senior

*Address* No 70 Granby Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18725

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 15 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Boy 8 Kindred

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 7 of June
4. *Place of Birth (Street and Number)* No 1. 83 Chasnut all.
5. *Full Name of Mother* Jose Whinekam,
6. *Mother's Maiden Name* Jose Meller
7. *Mother's Birthplace* in Geremny
8. *Full Name of Father* John Whinekam,
9. *Father's Occupation* a Scheuw maker,
10. *Father's Birthplace* in Germey

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Eigeldinger

*Address* No 14 Union st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18726

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 7. 1877 |
| *4. Place of Birth (Street and Number)* | 85 S. Eden St. |
| *5. Full Name of Mother* | Mary Elizh. Staib |
| *6. Mother's Maiden Name* | Mary Elizh. Geiger |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Adolph Staib |
| *9. Father's Occupation* | Watchmaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. W. Honck MD |
| *Address* | 75 E. Baltimore St |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18727

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4 5

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June th 7th 1877
4. *Place of Birth* (Street and Number) 373 Hamburg Street
5. *Full Name of Mother* Laura Dennis
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto city
8. *Full Name of Father* John Dennis
9. *Father's Occupation* Macanic
10. *Father's Birthplace* Balto city

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Simmons

*Address* 11 Burgundy alley

*Remarks* I would Return this birth sooner but I was quite sick

# RETURN OF A BIRTH.

18728

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
11
187

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex* (state whether Male or Female) fesinale
2. *Race or Color* (if not of the white race) Colord race
3. *Date of Birth* June the 7 1877
4. *Place of Birth* (Street and Number) Durham St 246 Baltimore
5. *Full Name of Mother* Mary Virginia Norris
6. *Mother's Maiden Name* mary Virginia Collins
7. *Mother's Birthplace* Baltimor md
8. *Full Name of Father* Richard noris
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Register St 130 Baltimore

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18729

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)* 3

1. *Sex (state whether Male or ~~Female~~)*

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 7th 1877

4. *Place of Birth (Street and Number)* S. W Cor Lombard & Amity Sts

5. *Full Name of Mother* Carg Buzzard

6. *Mother's Maiden Name* " Firoved

7. *Mother's Birthplace* ~~Baltimore~~ Dayton Ohio

8. *Full Name of Father* Oscar Buzzard

9. *Father's Occupation* Mechanic

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. W. L. Steiner M.D.

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18730

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1873 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 7th |
| *4. Place of Birth (Street and Number)* | 66 Hamburg St. |
| *5. Full Name of Mother* | Anna Holfner |
| *6. Mother's Maiden Name* | Büchsman |
| *7. Mother's Birthplace* | Brooklyn (New York |
| *8. Full Name of Father* | John Holfner |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | G. H. Nurchenburg. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Hrody |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18731

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 4th 1877
4. *Place of Birth (Street and Number)* 20 Rock st Baltimore Md
5. *Full Name of Mother* Caroline Slack
6. *Mother's Maiden Name* Polock
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* Adam Slack
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Annie Meserzehl

*Address* 20 Preston st Baltimore Md

*Remarks*

# RETURN OF A BIRTH.

18732
18733

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
18
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd & 3rd's |
| *1. Sex (state whether Male or Female)* | Male & Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 7. 1877. |
| *4. Place of Birth (Street and Number)* | 743 W Lexington |
| *5. Full Name of Mother* | Frances Dorsey |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | |
| *8. Full Name of Father* | William Dorsey |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis M Eastman |
| *Address* | 749 Lexington |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

18734

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Third |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | June 7th 1877 |
| 4. Place of Birth (Street and Number) | 17 N. Stricker |
| 5. Full Name of Mother | Mary Elizebeth Welsh. |
| 6. Mother's Maiden Name | Sotheron |
| 7. Mother's Birthplace | Anne Arundel Co. Md. |
| 8. Full Name of Father | Wm Henry Welsh |
| 9. Father's Occupation | Salesman |
| 10. Father's Birthplace | Balto. City |
| Name of Medical Attendant, or other Person who makes this Return. | J.H. Christian M.D. |
| Address | 431. Penna. Ave. |
| Remarks | |

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18735

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth June 7th 1877
4. Place of Birth (Street and Number) No 31. W. Fayetta.
5. Full Name of Mother —
6. Mother's Maiden Name Katie Lethever.
7. Mother's Birthplace Baltimore City
8. Full Name of Father unknown.
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt.

Address No 181. N. Central av. 3 doors. S. of Monument. T.

Remarks Ale Well.

# RETURN OF A BIRTH.

18736

*To the Office of Registrar of Vital Statistics, Board of Health.*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
9
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 Twin |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | June 5th 1877 |
| *4. Place of Birth (Street and Number)* | 285 Pine Street |
| *5. Full Name of Mother* | Alice Ledsare |
| *6. Mother's Maiden Name* | Johnson |
| *7. Mother's Birthplace* | Anneroundel County Md |
| *8. Full Name of Father* | Ernest Ledsare |
| *9. Father's Occupation* | Waterman |
| *10. Father's Birthplace* | Anneroundel County Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Warren |
| *Address* | No 255 Calvert St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18737

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 twins

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* June 8th 1877

*4. Place of Birth (Street and Number)* No 228 Rose Street

*5. Full Name of Mother* Alice ~~Johnson~~ Dodson

*6. Mother's Maiden Name* Johnson

*7. Mother's Birthplace* Anne Arundel County Md

*8. Full Name of Father* Ernest Dodson

*9. Father's Occupation* Labourer

*10. Father's Birthplace* Anne Arundel County

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Warren

*Address* No 258 Rabourg Street

*Remarks* Death from the mother getting a fall bound before time 2 months

# RETURN OF A BIRTH.

18738

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT
JUN
11
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second (2nd)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8/1877
4. *Place of Birth (Street and Number)* 163 W Lombard St
5. *Full Name of Mother* Sarah McDermott
6. *Mother's Maiden Name* Sarah Mc. Dermott
7. *Mother's Birthplace* MD
8. *Full Name of Father* George Randolph
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* unknown

*Name of Medical Attendant, or other Person who makes this Return.* A. H. McKenzie MD

*Address* 163 W Lombard st Baltimore MD

*Remarks*

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18739

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Brown skin |
| *3. Date of Birth* | 8 of June |
| *4. Place of Birth (Street and Number)* | Dallas st 84 |
| *5. Full Name of Mother* | Maria orther |
| *6. Mother's Maiden Name* | Marion Trip |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charlie orthes |
| *9. Father's Occupation* | White worker |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Midwife |
| *Address* | Harriet Britton |
| *Remarks* | |

*dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

18740

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 8th |
| *4. Place of Birth (Street and Number)* | 348 S. Durham |
| *5. Full Name of Mother* | Martha Lane |
| *6. Mother's Maiden Name* | " " Greese |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Lane |
| *9. Father's Occupation* | Plasterer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Gitzke |
| *Address* | 55 S. Bond st |
| *Remarks* | Balto Md |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18741

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

BOARD OF HEALTH
JUN
16
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) Colord
3. *Date of Birth* June 8th 1877
4. *Place of Birth* (*Street and Number*) 102 Dallas st
5. *Full Name of Mother* Mariah Ann Collins
6. *Mother's Maiden Name* Mariah Ann Kelson
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John Williams S Collins
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant*, or other Person who makes this Return. Ann Duncan

*Address* 110 Dallas St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1874 21

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 8th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Boyd st No. 33 |
| *5. Full Name of Mother* | Mary Hardy |
| *6. Mother's Maiden Name* | Mary Burke |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Hardy |
| *9. Father's Occupation* | Mechanist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No. 122 Parkin st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18743

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | June 8th 1877 |
| *4. Place of Birth (Street and Number)* | 332 E. Madison St. |
| *5. Full Name of Mother* | Emma Baldwin. |
| *6. Mother's Maiden Name* | Emma Seatman. |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | James Andrew Baldwin. |
| *9. Father's Occupation* | Moulder. |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | S. N. Hoch MD. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18744

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 8th 1877
4. Place of Birth (Street and Number) No 22 Chester str.
5. Full Name of Mother Catherina Jüngling
6. Mother's Maiden Name " Kraft
7. Mother's Birthplace City
8. Full Name of Father Frederick Jüngling
9. Father's Occupation Butcher
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Buschmann

Address 120 Bank str

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1874 5

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Chifa

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* June 8 1877

*4. Place of Birth (Street and Number)* 126 castle alley

*5. Full Name of Mother* harriet kelly

*6. Mother's Maiden Name* harriet harrison

*7. Mother's Birthplace* baltimore city

*8. Full Name of Father* edward kelly

*9. Father's Occupation* labour

*10. Father's Birthplace* baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel A garrett

*Address* 433 Alexandria St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18746

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Negro

*3. Date of Birth* June 8th

*4. Place of Birth (Street and Number)* 52 Davis St

*5. Full Name of Mother* Annie Carter

*6. Mother's Maiden Name* Annie Hollins

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* William Carter

*9. Father's Occupation* Laborer

*10. Father's Birthplace* West Moreland Conn Va

*Name of Medical Attendant,* or other Person who makes this Return. E. Geo. Flemings Welch M.D.

*Address* 51 N Calvert St

*Remarks*

# RETURN OF A BIRTH.

18747

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUN 11 '87 BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 8th |
| *4. Place of Birth (Street and Number)* | 17 Bevan St |
| *5. Full Name of Mother* | Matilda Bruett |
| *6. Mother's Maiden Name* | Kepleing |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas Bruet |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Crow |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18748

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUN 13 87 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) the Mother 2 one

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 8th June 1887
4. *Place of Birth* (Street and Number) no 14 Bethel st
5. *Full Name of Mother* Mary right
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* No account of father
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Dear Walker

*Address* no 94 Dallas st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18749

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 13 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd

1. *Sex (state whether Male or Female)* Male to not healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 8 of June 1877
4. *Place of Birth (Street and Number)* No 12 Calverton Road
5. *Full Name of Mother* Barbara Sherer
6. *Mother's Maiden Name* B. Lautenshlager
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* Henry Sherer
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mirs Hiller

*Address* 57 Smalwood St.

*Remarks*

# RETURN OF A BIRTH.

18750

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

JUN 12 87 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8th June |
| *4. Place of Birth (Street and Number)* | 26 W. Bond st |
| *5. Full Name of Mother* | Virginia Doughty |
| *6. Mother's Maiden Name* | Appleby |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | P. H. Doughty |
| *9. Father's Occupation* | Boots |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Gunz |
| *Address* | no 77 McElderry st |
| *Remarks* | Healthy |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18751

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male. ~~White~~.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 8th 1877.
4. *Place of Birth (Street and Number)* Cor. Bank & Second St. Highlandtown
5. *Full Name of Mother* Louisa Schmeiser.
6. *Mother's Maiden Name* Louisa Volz.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* George Schmeiser.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182 E. Monument St.

*Remarks*

18752

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 8 Juni
4. *Place of Birth (Street and Number)* 160 William Strit
5. *Full Name of Mother* Louisa Ortel
6. *Mother's Maiden Name* Louisa Strauß.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Georg Ortel
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strit

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18752 ½

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June 8th 1877 |
| 4. *Place of Birth (Street and Number)* | 160 William Street |
| 5. *Full Name of Mother* | Louise Ortel |
| 6. *Mother's Maiden Name* | " " Strauss |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | George Ortel |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

ity of Baltimore, shall report to the registrar aforesaid, e date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the da born, its or their physical condition, whether still the parents, and the maiden name of the mother of

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18753

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12 child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Jewish race

*3. Date of Birth* June 8th 1877

*4. Place of Birth (Street and Number)* Caroline St. [illegible]

*5. Full Name of Mother* Marie Rebecca Ellis

*6. Mother's Maiden Name* " " Levy

*7. Mother's Birthplace* Russia

*8. Full Name of Father* Lewis Levy

*9. Father's Occupation* Peddler

*10. Father's Birthplace* Russia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Rose Nelly

*Address* 48 Holland St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18754

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 4th June 1877 |
| *4. Place of Birth (Street and Number)* | 2 [illegible] Eastern [illegible] |
| *5. Full Name of Mother* | [illegible] |
| *6. Mother's Maiden Name* | [illegible] |
| *7. Mother's Birthplace* | [illegible] |
| *8. Full Name of Father* | [illegible] |
| *9. Father's Occupation* | [illegible] |
| *10. Father's Birthplace* | [illegible] |
| *Name of Medical Attendant,* or other Person who makes this Return. | [illegible] |
| *Address* | [illegible] |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18755

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* June 9 1877
4. *Place of Birth (Street and Number)* No 276 S Charles St
5. *Full Name of Mother* Mary McCulley
6. *Mother's Maiden Name* Mary Watson
7. *Mother's Birthplace* England
8. *Full Name of Father* Sam McCulley
9. *Father's Occupation* Dairy Man
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 28 Franklin St Bal

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18756

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child one mathe

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord race
3. Date of Birth June the 9 1877
4. Place of Birth (Street and Number) Orlnes St 241
5. Full Name of Mother mary ann gilurd
6. Mother's Maiden Name Mary ann Yong
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father James gilurd
9. Father's Occupation Labor
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lukinda Woolford

Address regesser St 130 Baltimore Md

Remarks

# RETURN OF A BIRTH.

18757

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 13 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* June 9th 1877

*4. Place of Birth (Street and Number)* 342 Franklin st

*5. Full Name of Mother* Sarah N. May

*6. Mother's Maiden Name* " Schwarzenberg

*7. Mother's Birthplace* St. Paul's Minn

*8. Full Name of Father* Israel P. May

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. D. C. Williams

*Address* 201 Madison Ave

*Remarks*

---

*...ty of Baltimore, shall report to the registrar aforesaid, ...e date of birth, sex, and color of the child or children ...till born or not, the full name, nativity, and residence ...other of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18758

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 13 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* the mother

1. *Sex (state whether Male or Female)* this is a male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 9th June 1877
4. *Place of Birth (Street and Number)* no 177 Estrem avenue
5. *Full Name of Mother* margret Mother
6. *Mother's Maiden Name* margret mecnel
7. *Mother's Birthplace* Baltimore m d
8. *Full Name of Father* Meyer Waterman
9. *Father's Occupation* lab Br
10. *Father's Birthplace* Baltimore m d

*Name of Medical Attendant,* or other Person who makes this Return. lear Malber

*Address* no 9 Dallas st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18759

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 15 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | erste |
| 1. Sex (state whether Male or Female) | Mädchen |
| 2. Race or Color (if not of the white race) | " |
| 3. Date of Birth | 9. Juni 1877 |
| 4. Place of Birth (Street and Number) | S. Bondstraße 151. |
| 5. Full Name of Mother | Margaretha Schmidt |
| 6. Mother's Maiden Name | Ledig |
| 7. Mother's Birthplace | Herscheid. Bayern |
| 8. Full Name of Father | Friedrich Schraubner |
| 9. Father's Occupation | Bäcker |
| 10. Father's Birthplace | Herscheid. Bayern. |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | Mrs Louise Kraft. |
| Remarks | |

# RETURN OF A BIRTH. 18739½

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June th 9 " 1877 |
| 4. *Place of Birth (Street and Number)* | 151 S Bond Street |
| 5. *Full Name of Mother* | Margerethe Schmidt |
| 6. *Mother's Maiden Name* | " " " " |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Friedrich Schraubner |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ity of Baltimore, shall report to the registrar aforesaid, ...the date of birth, sex, and color of the child or children ...born, its or their physical condition, whether still born or not, the full name, nativity, and residence of ...the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18760

HEALTH DEPARTMENT
JUN 13 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Female Child |
| *2. Race or Color (if not of the white race)* | Brown skin |
| *3. Date of Birth* | June 9 1877 |
| *4. Place of Birth (Street and Number)* | 271 N Bond st |
| *5. Full Name of Mother* | Marin Hutson |
| *6. Mother's Maiden Name* | Mother Marin Wilkins |
| *7. Mother's Birthplace* | Greendun County |
| *8. Full Name of Father* | Fortune Hutson |
| *9. Father's Occupation* | Brick Maker |
| *10. Father's Birthplace* | green Ann County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Midwife Harriet Britton |
| *Address* | 89 Madison st |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18761

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Childe one mother

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) Colord Race
3. Date of Birth June the 9.18.77
4. Place of Birth (Street and Number) Carotine Sts No. 23 Baltimore
5. Full Name of Mother Sofhia Ellis
6. Mother's Maiden Name Sofhia Slottor
7. Mother's Birthplace Baltimore m d
8. Full Name of Father Harrison Ellis
9. Father's Occupation Marhanis
10. Father's Birthplace Petors Burg va

Name of Medical Attendant, or other Person who makes this Return. Lurinda Woolford

Address [illegible] regesser St 130 Baltimore

Remarks

# RETURN OF A BIRTH.

18762

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 9th 1877 |
| *4. Place of Birth (Street and Number)* | 60 Barre St |
| *5. Full Name of Mother* | Mary Matthews |
| *6. Mother's Maiden Name* | Mary Shue |
| *7. Mother's Birthplace* | Cumberland |
| *8. Full Name of Father* | John Matthews |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Cumberland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18763

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* ~~Male~~ Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 4th June
4. *Place of Birth (Street and Number)* 284 Hanover St
5. *Full Name of Mother* C. Schmidt
6. *Mother's Maiden Name* C. Schmidt
7. *Mother's Birthplace* Kurfurstenthum
8. *Full Name of Father* Chr. Schmidt
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Kurfurstenthum

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. Dr. Strong.

*Remarks* No. 32. Lauderdale Street

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18764

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 9th June 87 |
| *4. Place of Birth (Street and Number)* | 30 Washington St. |
| *5. Full Name of Mother* | Katherine Eichelberger |
| *6. Mother's Maiden Name* | Casper |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John E. Eichelberger |
| *9. Father's Occupation* | Cigar manufacturer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 126 E. Lexington |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

18765

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 9 June 1877

*4. Place of Birth (Street and Number)* 122 Register

*5. Full Name of Mother* Margaretta Schilling

*6. Mother's Maiden Name* Kaiser

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John C Schilling

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertrude Miller

*Address* 131 E Pratt St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18766

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 9 day of June
4. *Place of Birth (Street and Number)* 8 hull St locust Point
5. *Full Name of Mother* Mrs Margret duhn
6. *Mother's Maiden Name* Mrs Margret Muligan
7. *Mother's Birthplace* County Mas ireland
8. *Full Name of Father* Rody duhn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kings County ireland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Margret Ettel

... the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18767

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 10th June 1877 |
| *4. Place of Birth (Street and Number)* | 50 Cranberry |
| *5. Full Name of Mother* | Catherina Klasner |
| *6. Mother's Maiden Name* | Lehman |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Klasner |
| *9. Father's Occupation* | Shoe maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Cooper |
| *Address* | 32 E. Lombard |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18768

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 10th
4. Place of Birth (Street and Number) 252 Hanover Str Baltimore
5. Full Name of Mother Elizabeth Booker
6. Mother's Maiden Name Elizabeth Koehler
7. Mother's Birthplace Germany
8. Full Name of Father John Booker
9. Father's Occupation Painter
10. Father's Birthplace New York City N.Y.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address No. 60 N. Shroeder Str

Remarks Underlaid H Brick Henriettes 81

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18769

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

*1. Sex (state whether Male or Female)* A Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 10th of June 1877

*4. Place of Birth (Street and Number)* 71 North Chappel st

*5. Full Name of Mother* Mari Kramer

*6. Mother's Maiden Name* Mari Kraft

*7. Mother's Birthplace* Germany John Kraft

*8. Full Name of Father* John Kraft

*9. Father's Occupation* Labor man

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 71 Chappel st John Kunkel

*Remarks* Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18770

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Light Brown-Stein
3. *Date of Birth* Sunday June 10 1877
4. *Place of Birth* (Street and Number) No 146 Lee Street Balto. md.
5. *Full Name of Mother* Gracy Anne Lee
6. *Mother's Maiden Name* " " "
7. *Mother's Birthplace* Calvert County Maryland
8. *Full Name of Father* unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

*Name of Medical Attendant,* or other Person who makes this Return. Rosetta Galloway

*Address* No 146 Lee Street Balto. Maryland

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18771

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth June 10 1877
4. Place of Birth (Street and Number) 223 S. Eutaw St.
5. Full Name of Mother Mary Scott.
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Henry Scott.
9. Father's Occupation Coachman.
10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Scarff. M.D.

Address 183 W. Fayette St.

Remarks None Est.

# RETURN OF A BIRTH.

18772

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 15 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* June 10 1877
4. *Place of Birth (Street and Number)* No 310 Carolton avenue
5. *Full Name of Mother* Laura Thomas
6. *Mother's Maiden Name* Laura Dell
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Joseph B Thomas
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. S H Patterson M D

*Address* 25 Franklin Balto

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15773

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 16 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 10
4. *Place of Birth (Street and Number)* Bien St No 12
5. *Full Name of Mother* Bridget Carey
6. *Mother's Maiden Name* Bridget Riley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Philip Carey
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Jane Mercer

*Address* 136 Mchenry St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18774

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 10th 1877 |
| *4. Place of Birth (Street and Number)* | 527 Eastn Fayette sts |
| *5. Full Name of Mother* | Sophia Baum |
| *6. Mother's Maiden Name* | " Baum |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Isaac Baum |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elizabeth Buschmann. |
| *Address* | 120 Bank sts |
| *Remarks* | |

*City of Baltimore, shall report to the Registrar aforesaid, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

1877

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* June 10. 1877

4. *Place of Birth (Street and Number)* Baltimore near 151 Josephine st

5. *Full Name of Mother* Emma Hammond

6. *Mother's Maiden Name* Nexton

7. *Mother's Birthplace* Baltimore md

8. *Full Name of Father* George Hammond

9. *Father's Occupation* Waggoner

10. *Father's Birthplace* Baltimore md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18776

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 child

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 16 1877

*4. Place of Birth (Street and Number)* 373 eastern ave

*5. Full Name of Mother* mandary ausburn

*6. Mother's Maiden Name* mandary litly

*7. Mother's Birthplace* pennsylvania

*8. Full Name of Father* John ausburn

*9. Father's Occupation* laborer

*10. Father's Birthplace* baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel a garrett

*Address* 433 alice ann va 1

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1877

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* Name Marion Shaiter | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 10th 1877. |
| *4. Place of Birth (Street and Number)* | No. 303 Hollins St. |
| *5. Full Name of Mother* | Mrs. Mary Virginia Shailer |
| *6. Mother's Maiden Name* | Shaler |
| *7. Mother's Birthplace* | Hoboken N. J. |
| *8. Full Name of Father* | Wm Griggs Shailer |
| *9. Father's Occupation* | Grain Merchant |
| *10. Father's Birthplace* | Brookline. Mass. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. W. Murray M. D |
| *Address* | 10 N. Carey St. |
| *Remarks* | |

*adress at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

# RETURN OF A BIRTH.

18778

HEALTH DEPARTMENT JUN 13 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or ~~Female~~) —
2. Race or Color (if not of the white race)
3. Date of Birth June 10th 1877
4. Place of Birth (Street and Number) Broadway & Gay Sts
5. Full Name of Mother Roseanna Henderer
6. Mother's Maiden Name Roseanna Hoffman
7. Mother's Birthplace Holland
8. Full Name of Father ~~Prussia~~ Chas. Frederick Henderer
9. Father's Occupation Shoemaker
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. E. Jr Walls MD

Address 179 East Monument St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18779

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 13 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second (2) |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | 10th June 1877 |
| *4. Place of Birth* (Street and Number) | 68 E Fayette St |
| *5. Full Name of Mother* | Mary Gray |
| *6. Mother's Maiden Name* | Mary Farr |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Jas Gray |
| *9. Father's Occupation* | Slipper Manufactor |
| *10. Father's Birthplace* | Scotland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Amanda Marone |
| *Address* | 323 E Monument St Baltimore. Md |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15780

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 10th 1877 |
| *4. Place of Birth (Street and Number)* | No 40 Cambridge St. E. |
| *5. Full Name of Mother* | Eliza Windsor Preston |
| *6. Mother's Maiden Name* | Eliza Windsor |
| *7. Mother's Birthplace* | Balto. Md |
| *8. Full Name of Father* | Oliver Preston |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Balto Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Mary E. Simms |
| *Address* | 203 Washington St |
| *Remarks* | F P |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18781

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 19 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* White Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 10th
4. *Place of Birth (Street and Number)* No 196 Hart Ave
5. *Full Name of Mother* Mrs Kate Wigham
6. *Mother's Maiden Name* Miss Catherine Bunk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mr Pol Wigham
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Margret Ettel

*within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

15782

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5tes Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. the, 10. 1877
4. *Place of Birth (Street and Number)* Hampstead St. No, 52
5. *Full Name of Mother* Charlotte Bohmer
6. *Mother's Maiden Name* Charlotte. Shale.
7. *Mother's Birthplace* Neuar-Gemunden. Gr. Baden Germany
8. *Full Name of Father* Wilhelm Bohmer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Neuar-Gemunden Gr. Baden Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No, 26,

*Remarks*

within six days thereafter, stating distinctly the
born, its or their physical condition, whether st
of the parents, and the maiden name of the mo

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18783

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 10th 1877.
4. *Place of Birth (Street and Number)* No 13 Smith alley.
5. *Full Name of Mother* Maggie Hloisis
6. *Mother's Maiden Name* Maggie Guans
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Filipus Hloisis
9. *Father's Occupation* Coal oil bussins
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 182 monument st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18784

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 10th |
| *4. Place of Birth (Street and Number)* | 84 S Howard St |
| *5. Full Name of Mother* | Anna Hinecken |
| *6. Mother's Maiden Name* | Gillinghorst |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | A Dietrich Hinecken |
| *9. Father's Occupation* | Tavern Keeper |
| *10. Father's Birthplace* | Prussian |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Kroh |
| *Address* | |
| *Remarks* | |

HEALTH DEPARTMENT JUN 1877 BALTIMORE

# RETURN OF A BIRTH. 18785

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* June 10 1877

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* Harriett [illegible] Tomas

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* Baltimore city

*8. Full Name of Father* William Tomas

*9. Father's Occupation* labor

*10. Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel [illegible]

*Address* [illegible]

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18786

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Female |
| *1. Sex (state whether Male or Female)* | 10 |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | 10th June 1877 |
| *4. Place of Birth (Street and Number)* | 240 Paca St |
| *5. Full Name of Mother* | Anna Betz |
| *6. Mother's Maiden Name* | Landrebe |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | William Betz |
| *9. Father's Occupation* | Cabinet maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Carpenter |
| *Address* | 22 S Lombard St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18787

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 10th 1877 7 30 A.M. |
| *4. Place of Birth (Street and Number)* | N. W. Cor. Caton Ave. & Gist St. |
| *5. Full Name of Mother* | Ellen Elizabeth Sullivan |
| *6. Mother's Maiden Name* | Ellen Elizabeth Sullivan |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Charles Aug. Sullivan |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. Lawson Wilkins M.D. |
| *Address* | 707 S. Broadway |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

18788

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 10th 1877

*4. Place of Birth (Street and Number)* No 75 Fredrick Ave

*5. Full Name of Mother* Anna Huckle

*6. Mother's Maiden Name* Anna Birtzert

*7. Mother's Birthplace* Germania

*8. Full Name of Father* Anton Huckle

*9. Father's Occupation* Barbor

*10. Father's Birthplace* Germania

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

Katherine Dill.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18789

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 10 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 10th June 1877.
4. Place of Birth (Street and Number) No. 308 N. Gilmore St
5. Full Name of Mother Rosetta Emmet Warrington
6. Mother's Maiden Name " " Rambaut
7. Mother's Birthplace Petersburg, Virginia
8. Full Name of Father Lewis Warrington
9. Father's Occupation Tobacco Merchant
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Madison Ave.

Remarks Natural labor.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-26-54

18790

# RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 10 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

Lucia Bayne Grady

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 10th 1877
4. Place of Birth (Street and Number) 191 W Fayette st
5. Full Name of Mother Helen M Grady
6. Mother's Maiden Name Helen M Bibb
7. Mother's Birthplace Charlottesville Virginia
8. Full Name of Father Frank J Grady
9. Father's Occupation Clerk
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Madison Av

Remarks Flat head presentation, 3rd position; Incapfully delivered by forceps.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18791

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 11th 1877
4. *Place of Birth (Street and Number)* 131 S Castle St
5. *Full Name of Mother* Maria Hopkins
6. *Mother's Maiden Name* " Ernst
7. *Mother's Birthplace* City
8. *Full Name of Father* John Hopkins,
9. *Father's Occupation* Mariner
10. *Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Buschmann

*Address* 120 Bank St

*Remarks* Died June 11th (Cause) Misscarried.

---

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18792

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Colard~~ 7th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colard
3. Date of Birth 11th June 1877
4. Place of Birth (Street and Number) Clarkson Al. No. 6
5. Full Name of Mother Lucie Taylor
6. Mother's Maiden Name Lucie Brodton
7. Mother's Birthplace Anderandel Co.
8. Full Name of Father Benjaman Taylor
9. Father's Occupation labor
10. Father's Birthplace Anderandel Co.

Name of Medical Attendant, or other Person who makes this Return. S Cusanbutler

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18793

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 11 d. 1877 |
| *4. Place of Birth (Street and Number)* | 257 n. Bond st. |
| *5. Full Name of Mother* | Marie Baumgarden |
| *6. Mother's Maiden Name* | Marie Zimling |
| *7. Mother's Birthplace* | Baltimor |
| *8. Full Name of Father* | Johan Baumgarden |
| *9. Father's Occupation* | Luther |
| *10. Father's Birthplace* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. K. Rudiger |
| *Address* | 134 n. Bond st |
| *Remarks* | |

# RETURN OF A BIRTH. 18794

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 11 '77

*4. Place of Birth (Street and Number)* ~~Road~~ Point Lane Cor Landsdale st

*5. Full Name of Mother* Anna E. Baker

*6. Mother's Maiden Name* Anna E. Colyer

*7. Mother's Birthplace* Towsontown

*8. Full Name of Father* Henry Baker

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Baltimore Co.

*Name of Medical Attendant,* or other Person who makes this Return. A. G. Watson

*Address* 447 N. Central Ave

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18795

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* June 11th 1877

*4. Place of Birth (Street and Number)* 220 W Lane st

*5. Full Name of Mother* Lizar Mary

*6. Mother's Maiden Name* Lizia Hoffman

*7. Mother's Birthplace* Colbert County Md

*8. Full Name of Father* Benjamin Mary

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Richmond Virginia Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Cholot Wash

*Address* 258 West Lanvery st

*Remarks* Home X

# RETURN OF A BIRTH. 18796

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
13
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 11 1877
4. *Place of Birth* (Street and Number) 62 N. McMechen St
5. *Full Name of Mother* Sara L. E. Donohue
6. *Mother's Maiden Name* " " Watson
7. *Mother's Birthplace* Texas
8. *Full Name of Father* Jno. J. Donohue
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. A. Tinsley M.D.

*Address* 454 N. Carey St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18797

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 11. 1877
4. *Place of Birth (Street and Number)* S. Dallas St. No. 26
5. *Full Name of Mother* Gertrude Dorsch
6. *Mother's Maiden Name* Gertrude Ueh.
7. *Mother's Birthplace* Brunn. K. Baiern Germany
8. *Full Name of Father* Johann Dorsch
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Brunn K. Baiern Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18798

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3tes Kind |
| 1. *Sex* (state whether Male or Female) | Mädchen |
| 2. *Race or Color* (if not of the white race) | Weiss |
| 3. *Date of Birth* | geboren den 11ten Juni |
| 4. *Place of Birth* (Street and Number) | No 155. South Courtlein Str. |
| 5. *Full Name of Mother* | Julia Müller |
| 6. *Mother's Maiden Name* | Julia Müller |
| 7. *Mother's Birthplace* | Deutschland |
| 8. *Full Name of Father* | Schröck Müller |
| 9. *Father's Occupation* | Schumacher |
| 10. *Father's Birthplace* | Deutschland |
| *Name of Medical Attendant*, or other Person who makes this Return. | |
| *Address* | No 178. Corner of Dolliers and Eastern Ave |
| *Remarks* | Friederike Kaufmann Hemme |

18799

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

*No. of Child of Mother,* (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex* (~~state whether~~ *Male* ~~or Female~~)
2. *Race or Color* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth* June 17th 11 30 P.M.
4. *Place of Birth (Street and Number)* 75 Canal St "South"
5. *Full Name of Mother* Sarah Males
6. *Mother's Maiden Name* " Lodd
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Benjamin Males
9. *Father's Occupation* Leamster
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. A Greg. Thertzer Mo

*Address* 118, High St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18,800

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | — |
| *3. Date of Birth* | June 1877 |
| *4. Place of Birth (Street and Number)* | 94 Dallas St |
| *5. Full Name of Mother* | Bridget Canfiss |
| *6. Mother's Maiden Name* | Dennis |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Canfiss |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Carter for F |
| *Address* | 42 E Lombard St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18801

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (*state whether ~~1st, 2d, 3d~~, &c.*) | 2 te |
| 1. *Sex* (*state whether Male or Female*) | female |
| 2. *Race or Color* (*if not of the white race*) | [illegible] |
| 3. *Date of Birth* | [illegible] 11. 1877 |
| 4. *Place of Birth* (*Street and Number*) | [illegible] |
| 5. *Full Name of Mother* | Emma [illegible] |
| 6. *Mother's Maiden Name* | Emma Essenpreis |
| 7. *Mother's Birthplace* | Dirnbach |
| 8. *Full Name of Father* | [illegible] |
| 9. *Father's Occupation* | [illegible] |
| 10. *Father's Birthplace* | [illegible] |
| *Name of Medical Attendant,* or other Person who makes this Return. | [illegible] |
| *Address* | [illegible] |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

18502

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
21
1877
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 11th 1877
4. *Place of Birth (Street and Number)* 1314 N Eden St
5. *Full Name of Mother* Leontine V. De Kalow
6. *Mother's Maiden Name* Leontine V. Roby
7. *Mother's Birthplace* Departmt Haute Garonne France
8. *Full Name of Father* Alphonse De Kalow
9. *Father's Occupation* Bookseller
10. *Father's Birthplace* Strasburg Germany

*Name of Medical Attendant, or other Person who makes this Return.* F E Chestard M.D

*Address* 1114 Park Ave

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15803

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | June 11th 1911 |
| *4. Place of Birth (Street and Number)* | [illegible] 30 & 206 |
| *5. Full Name of Mother* | Caroline Stevel |
| *6. Mother's Maiden Name* | " Gemish |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Henry Stevel |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Russia Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs L. Kelly |
| *Address* | 218 Hollins St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

1880 11

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Seventh child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 11th 1877 |
| *4. Place of Birth (Street and Number)* | 315 Myrtle avenue |
| *5. Full Name of Mother* | Adriana Keenan |
| *6. Mother's Maiden Name* | " Miles |
| *7. Mother's Birthplace* | Bermuda |
| *8. Full Name of Father* | James Edward Keenan |
| *9 Father's Occupation* | Book Keeper |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. E. Gibbons M. D. |
| *Address* | 47 Edmondson ave |
| *Remarks* | |

JUN 29 1877 BALTIMORE

18805

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c) | 1st. |
| 1. Sex (state whether Male or Female) | Female, |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | June, 11th 1877 |
| 4. Place of Birth (Street and Number) | 7 S. Wash. St. |
| 5. Full Name of Mother | Eliza Kirby |
| 6. Mother's Maiden Name | " Sable |
| 7. Mother's Birthplace | Balt. Med. |
| 8. Full Name of Father | W. W. Kirby |
| 9. Father's Occupation | Farmer |
| 10. Father's Birthplace | Queen Anne Co. Md. |
| Name of Medical Attendant, or other Person who makes this Return. | G. G. Rusk M. D. |
| Address | Balt. & Wash. Sts. |
| Remarks | Natural, |

advise at the birth or any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18806

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 54 Forrest St Second Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 11th
4. *Place of Birth (Street and Number)* No 54 Forrest St
5. *Full Name of Mother* Elizabeth Blake
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Jones
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sophia Hines

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18807

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 18 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 12th 1877
4. Place of Birth (Street and Number) No 21 Caroline sts Ct
5. Full Name of Mother Maggeretti ~~Wagner~~ Regner
6. Mother's Maiden Name " Ehrmann
7. Mother's Birthplace City
8. Full Name of Father ~~Chester~~ Regner
9. Father's Occupation Clerk
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank sts.

Remarks

# RETURN OF A BIRTH.

15808

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 15 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Child,

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 12 of Juine 1877
4. *Place of Birth (Street and Number)* No Bruciua st,
5. *Full Name of Mother* Babore Seaberth,
6. *Mother's Maiden Name* Babore, Boiedwine,
7. *Mother's Birthplace* is Germeny,
8. *Full Name of Father* Mickel Seaberth,
9. *Father's Occupation* a Stone cutter,
10. *Father's Birthplace* is Germeny,

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Eigeldinger

*Address* No 14 Union st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18809

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 12th 1877
4. *Place of Birth (Street and Number)* Biddle Alley
5. *Full Name of Mother* Louise McCarty
6. *Mother's Maiden Name* Bridle
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John McCarty
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Annie Merenzehl

*Address* 220 Preston St Baltimore Md

*Remarks*

# RETURN OF A BIRTH.

18811

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

REGISTRATION DEPARTMENT
JUN 13 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 12th 1877 |
| *4. Place of Birth (Street and Number)* | No 62. Bare St. |
| *5. Full Name of Mother* | Emma J. Ritter |
| *6. Mother's Maiden Name* | Emma J. Hooper |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Josiah M. Ritter |
| *9. Father's Occupation* | Book keeper |
| *10. Father's Birthplace* | Carrol Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | John S. Tyrrell M.D. |
| *Address* | S. E. Corner Broadway & Pratt St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18811

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUN 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First (1) |
| *1. Sex (state whether Male or Female).* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 12 1877 |
| *4. Place of Birth (Street and Number)* | 163 West Lombard St |
| *5. Full Name of Mother* | Clara Lee |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | Rotman Councell |
| *9. Father's Occupation* | Butter Merchant |
| *10. Father's Birthplace* | Va |
| *Name of Medical Attendant, or other Person who makes this Return* | H. Hunter McKee Md |
| *Address* | 163 W Lombard st |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

18812

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child

*1. Sex (state whether Male or Female)* A Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 12 of June 1877 Washington

*4. Place of Birth (Street and Number)* 11 North Chappel

*5. Full Name of Mother* Elizabeth Shlitt

*6. Mother's Maiden Name* Elisabeth Koch

*7. Mother's Birthplace* Germany

*8. Full Name of Father* John Koch

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Aresentia Kunkel

*Address* 7 North Chappel St for John Kunkel

*Remarks* Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18813

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex (state whether Male or Female)* ~~Xxx~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12. June
4. *Place of Birth (Street and Number)* No 12 Stiles street
5. *Full Name of Mother* Ellen King
6. *Mother's Maiden Name* E Curren
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Micheal King
9. *Father's Occupation* trunk maker
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Flemming

*Address* No 97 Albemarle

*Remarks* health

# RETURN OF A BIRTH.

188114

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** June 13th 1877.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 12th 1877.
4. Place of Birth (Street and Number) 271 Canton Ave
5. Full Name of Mother Maggie Wolferman.
6. Mother's Maiden Name Maggie Link
7. Mother's Birthplace German
8. Full Name of Father John Wolferman.
9. Father's Occupation Tin plate + Sheet Iron worker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No 137 Wolfe St.

Remarks H

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18815

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

JUN 15 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ds Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June. the. 12. 1877
4. Place of Birth (Street and Number) N. Carolina St. No 35
5. Full Name of Mother Johanna Druschel
6. Mother's Maiden Name Johanna Fechner
7. Mother's Birthplace Zellerfeld. V. Preussen Germany
8. Full Name of Father Jakob Druschel
9. Father's Occupation Cooper
10. Father's Birthplace Wiliunsaeden. V. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18816

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 der Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June. the. 12. 1877
4. Place of Birth (Street and Number) S. Carolina St. No. 180
5. Full Name of Mother Sophia Schütz
6. Mother's Maiden Name Sophia Leitheiser
7. Mother's Birthplace Lüsehen, K. Preussen Germany
8. Full Name of Father Heinrich Schütz
9. Father's Occupation Shoemaker
10. Father's Birthplace Büdingen Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

Have at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18817

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 12 1877 |
| *4. Place of Birth (Street and Number)* | 69 N. Eutaw St |
| *5. Full Name of Mother* | Caroline Postlewaite |
| *6. Mother's Maiden Name* | Seidel |
| *7. Mother's Birthplace* | Balto. Md. |
| *8. Full Name of Father* | Chas. L. Postlewaite |
| *9. Father's Occupation* | Farmer |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary A Elliott |
| *Address* | 231 N. Howard St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18818

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 12 of Jun |
| *4. Place of Birth (Street and Number)* | Jousers St |
| *5. Full Name of Mother* | Mary Wagner |
| *6. Mother's Maiden Name* | Mary Leanhard |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Henrery Wagner |
| *9. Father's Occupation* | Stonecutter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18819

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth (9th)

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 12th 1877

*4. Place of Birth (Street and Number)* 123 Division Street

*5. Full Name of Mother* Jemima Elizabeth Johnson

*6. Mother's Maiden Name* Jemima Elizabeth Cathcart

*7. Mother's Birthplace* Harford County Md

*8. Full Name of Father* Thomas Benjamin Johnson

*9. Father's Occupation* Paper business

*10. Father's Birthplace* Baltimore County Md

*Name of Medical Attendant,* or other Person who makes this Return. Dr H Hummer & Fox

*Address* S. E. Corner Green & Mulberry Sts.

*Remarks*

18820

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12th
4. *Place of Birth (Street and Number)* No 2 Portland St
5. *Full Name of Mother* M Jackson
6. *Mother's Maiden Name* Margaret Dugan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W Jackson
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* England

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Corne

*Address* No 22 Elizabeth Lane

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18821

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 12th
4. Place of Birth (Street and Number) No. 85 N. Central Aveu
5. Full Name of Mother Medda Famme
6. Mother's Maiden Name " Miller
7. Mother's Birthplace Deutchland
8. Full Name of Father Augest Famme
9. Father's Occupation Tailor
10. Father's Birthplace Deutchland

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Bangert 260 E. Lombard

Remarks

[illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18822

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 child

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 12 1877

*4. Place of Birth (Street and Number)* 92 choptank st

*5. Full Name of Mother* ela king

*6. Mother's Maiden Name* ela stone rider

*7. Mother's Birthplace* wel co md

*8. Full Name of Father* John king

*9. Father's Occupation* laborer

*10. Father's Birthplace* baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel a garrett

*Address* 433 alicean na st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18823

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First (1st)

*1. Sex (state whether Male or ~~Female~~)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 12th 1877

*4. Place of Birth (Street and Number)* No. 432 East Fayette St.

*5. Full Name of Mother* Mrs. Mary Ann Simpson

*6. Mother's Maiden Name* Miss Mary Ann McTaggart

*7. Mother's Birthplace* Baltimore, Md.

*8. Full Name of Father* Mr. Frances M. Simpson

*9. Father's Occupation* Tinner

*10. Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Wm H. Clendinen M.D.

*Address* No. 102 N. Broadway

*Remarks*

# RETURN OF A BIRTH.

188211

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 13th 1877
4. *Place of Birth (Street and Number)* No 107 Lancaster st
5. *Full Name of Mother* Catherin Harrington
6. *Mother's Maiden Name* " Peterson
7. *Mother's Birthplace* Irland
8. *Full Name of Father* John Harrington
9. *Father's Occupation* mariner
10. *Father's Birthplace* Irland

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Buschmann

*Address* 120 Bank st.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18~~8~~25
8

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 ta

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 13th 1877
4. Place of Birth (Street and Number) 75 Montgomery Street
5. Full Name of Mother Mary Francis Williams
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father Dennis Netter
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 11 Burgundy alley

Remarks

...advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18826

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* Male.

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 13th

*4. Place of Birth (Street and Number)* No. 96 Lemon alley.

*5. Full Name of Mother* Mary Dasch.

*6. Mother's Maiden Name* Mary Strous.

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John P. Dasch.

*9. Father's Occupation* Painter

*10. Father's Birthplace* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

Katherine Doll.

# RETURN OF A BIRTH.

15827

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 13th 1877 |
| *4. Place of Birth (Street and Number)* | No 155 Madeira alley. |
| *5. Full Name of Mother* | Kunigunda Gummer |
| *6. Mother's Maiden Name* | " Wammer |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Thomas Gummer |
| *9. Father's Occupation* | Watchman |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabetta Buscemanka |
| *Address* | 120 Bank st |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18828

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female.
2. Race or Color (if not of the white race) Colord race
3. Date of Birth June the 13 1877
4. Place of Birth (Street and Number) Chudor St 22 Baltimore
5. Full Name of Mother
6. Mother's Maiden Name Victory Blake
7. Mother's Birthplace Baltimore md
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Degeeser St 130 Baltimore md

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18829

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 13th 1877

*4. Place of Birth (Street and Number)* No 124 N. Central avenue

*5. Full Name of Mother* Susiana Saxs.

*6. Mother's Maiden Name* Susiana Devine

*7. Mother's Birthplace*

*8. Full Name of Father* John Saxs.

*9. Father's Occupation* Milk Route.

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No 181 N. Central Avenue 3 doors South of Monument

*Remarks* Both Well.

# RETURN OF A BIRTH.

18830

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 June
4. *Place of Birth (Street and Number)* 182 Caroline Street
5. *Full Name of Mother* Katie Weglein
6. *Mother's Maiden Name* Reis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Conrad Weglein
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Dr. H. Simon

*Address* No 70 Granby Street

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18831

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1tens Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren den 13ten June
4. Place of Birth (Street and Number) No 269. South Ann Str.
5. Full Name of Mother Maria Bock
6. Mother's Maiden Name Maria Potis
7. Mother's Birthplace Deutschland
8. Full Name of Father Sch. Koch
9. Father's Occupation Feuermann
10. Father's Birthplace England.

Name of Medical Attendant, or other Person who makes this Return.

Address No 178. Corner of Dallas and Eastern Av

Remarks Friederike Kaufmann

Hemme.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18832
18833

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female and male [illegible]
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* June 13
4. *Place of Birth (Street and Number)* 5 Matt st
5. *Full Name of Mother* Rachell Ann pillams
6. *Mother's Maiden Name* Rachell Ann pillams
7. *Mother's Birthplace* Baltmare co
8. *Full Name of Father* Abraham pillams
9. *Father's Occupation* pagonner
10. *Father's Birthplace* Baltmare co

*Name of Medical Attendant,* or other Person who makes this Return. mrs lear Johnson

*Address* no 32 short st

*Remarks* helthy children

GIVEN NAME ADDED 10-3-52 188311

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Pauline Maass

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 13th 1877 |
| *4. Place of Birth (Street and Number)* | No. 225 Lexington St |
| *5. Full Name of Mother* | Fannie Maass |
| *6. Mother's Maiden Name* | Kemper |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Aron Maass |
| *9. Father's Occupation* | Merchant - |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18836

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 22 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Wednesday June 13th 1877

*4. Place of Birth (Street and Number)* No. 245 E. Lombard St -

*5. Full Name of Mother* Mrs M. V. ~~Smith~~ Meyers

*6. Mother's Maiden Name* Miss M. V. Peacock

*7. Mother's Birthplace* Baltimore -

*8. Full Name of Father* Mr. W. Meyers

*9. Father's Occupation* Painter

*10. Father's Birthplace* Baltimore -

*Name of Medical Attendant,* or other Person who makes this Return. J. D. Bilke M.D.

*Address* No. 314 E. Balto St -

*Remarks*

*ty of Baltimore, shall report to the registrar aforesaid, e date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

*arrive at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the da*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18836

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | June 13th 1877 |
| *4. Place of Birth (Street and Number)* | Central avenue [illegible] |
| *5. Full Name of Mother* | Emma Bell |
| *6. Mother's Maiden Name* | " Gifford |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | William Bell |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Nelly |
| *Address* | 48 Holland St. |
| *Remarks* | |

18837

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth June 13th 1877
4. Place of Birth (Street and Number) 149 Chesnut St.
5. Full Name of Mother Jennie Young.
6. Mother's Maiden Name
7. Mother's Birthplace Shepherdtown W. Va.
8. Full Name of Father John Young.
9. Father's Occupation Laborer
10. Father's Birthplace Prince Georges Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Sophia Hines

Address 135 Chesnut

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18838

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 28 of June
4. *Place of Birth (Street and Number)* No 13 Myrtle av City
5. *Full Name of Mother* Mary Ann Valentin
6. *Mother's Maiden Name* Mary Ann Pedesta
7. *Mother's Birthplace* Sardina Italy
8. *Full Name of Father* Francis Valentine
9. *Father's Occupation* Confectionery
10. *Father's Birthplace* Austria

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Anna Dumly 66 Shorter

*Remarks*

1

18839

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
8
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June the 13 1877
4. *Place of Birth (Street and Number)* Baltimore No 21 Lambert St
5. *Full Name of Mother* Eliza Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Pumphrey
9. *Father's Occupation* Wagner
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18840

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 14th 1877 |
| *4. Place of Birth (Street and Number)* | No 327 Charles st |
| *5. Full Name of Mother* | Sally Nicklaus |
| *6. Mother's Maiden Name* | Conrad |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Charles Nicklaus |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohmeyer midwife |
| *Address* | 213 Cross st |
| *Remarks* | |

ty of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

188141

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** June 16th 1877

HEALTH DEPARTMENT
JUN 18 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 14th 1877
4. *Place of Birth (Street and Number)* 127 Dollars St
5. *Full Name of Mother* Maggie Brand
6. *Mother's Maiden Name* Maggie Stangel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geggie Brand
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Mary Amend

*Address* No 137 Wolfe St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18842

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 27 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 14 1877
4. *Place of Birth (Street and Number)* Baltimore No 310 W Hofman St
5. *Full Name of Mother* Jane Tilghman
6. *Mother's Maiden Name* Green
7. *Mother's Birthplace* Carroll Co md
8. *Full Name of Father* Joseph Tilghman
9. *Father's Occupation* Day man
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18843

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 14th 1877
4. Place of Birth (Street and Number) N 139 N Calvert St
5. Full Name of Mother Mary Helen Browne
6. Mother's Maiden Name Mary Helen Scott
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Arrell Browne
9. Father's Occupation Attorney at Law
10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M D

Address N 114 Park Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

188444

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 14 1877 |
| *4. Place of Birth (Street and Number)* | 97 Sharp St cor Perry St |
| *5. Full Name of Mother* | Henrietta Hyman |
| *6. Mother's Maiden Name* | " Block |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Hyman |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Baden Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr H. P. Morgan |
| *Address* | 175 Saratoga St |
| *Remarks* | |

*advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

# RETURN OF A BIRTH. 18845

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 14th 1877 |
| *4. Place of Birth (Street and Number)* | 94 st Peters st |
| *5. Full Name of Mother* | Mary. A. Jacobs |
| *6. Mother's Maiden Name* | Mary A. Barnes |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | John. P. Jacobs |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Goodman |
| *Address* | |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18846

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth June 14th 1877.
4. Place of Birth (Street and Number) Fort Pto. no Number to House
5. Full Name of Mother Eliza Schmitter
6. Mother's Maiden Name Eliza Frohlich
7. Mother's Birthplace Cumberland Md
8. Full Name of Father Henry Schmitter
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dorothea Briene

Address 114 Battery Ave

Remarks

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

18847

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* American & White
3. *Date of Birth* Thursday, 14th of June, 1877
4. *Place of Birth (Street and Number)* 229 West Fayette St.
5. *Full Name of Mother* Alice Virginia Daffin ~~[illegible]~~ ~~[illegible]~~
6. *Mother's Maiden Name* Alice Virginia Betty
7. *Mother's Birthplace* Baltimore City, Md.
8. *Full Name of Father* Francis Lawes Daffin
9. *Father's Occupation* Printer (compositor)
10. *Father's Birthplace* Baltimore City, Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Jane Winneburger

*Address* 23 N. Liberty St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18848

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Collord
3. Date of Birth June 14th 1877
4. Place of Birth (Street and Number) N Dallas St No 1.46
5. Full Name of Mother Mary Roberson
6. Mother's Maiden Name Mary Smith
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Benjaman Roberson
9. Father's Occupation Stedore
10. Father's Birthplace Ounes Mills Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Medical Dr Riley

Address N Dallas St No 1.46.

Remarks Darkes

Midwife Elizabeth Foot.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18849

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1ten Kind

1. Sex (state whether Male or Female) Madchen
2. Race or Color (if not of the white race) Schwarz
3. Date of Birth geboren den 14ten June
4. Place of Birth (Street and Number) No 180. Eastern Av
5. Full Name of Mother S Unverheirathet
6. Mother's Maiden Name Sch. Anna Gori
7. Mother's Birthplace Baltimore
8. Full Name of Father Sch. Kamick
9. Father's Occupation Handarbeiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 178 Corner of Dallas und Eastern Av

Remarks Hemme

# RETURN OF A BIRTH.

18830

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th V |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 14 June 187 |
| *4. Place of Birth (Street and Number)* | 221 Chew St |
| *5. Full Name of Mother* | Sarah E. Washburn |
| *6. Mother's Maiden Name* | " " Green |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | Benj. Washburn |
| *9. Father's Occupation* | Moulder |
| *10. Father's Birthplace* | Balto Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Harry A Mudd |
| *Address* | 181 N. Tonogh st |
| *Remarks* | |

# RETURN OF A BIRTH.

18821

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 21 1877
BALTIMORE

*No. of Child of Mother* (*state whether ~~1st~~, ~~2d~~, 3d, &c.*) 1

1. *Sex* (*state whether ~~Male~~ or Female*) Male

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* June 14

4. *Place of Birth* (*Street and Number*) Cor Parkin & Lombard Sts

5. *Full Name of Mother* Mary Stroman

6. *Mother's Maiden Name* Mary Fribarger

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Edward Stroman

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. R. K. Knaas

*Address* 534 W Baltimore

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

188521

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Juny 14. 1877
4. *Place of Birth (Street and Number)* South Wolfstr No 36
5. *Full Name of Mother* Barbara Kaifah
6. *Mother's Maiden Name* Barbara Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alphonsus Kaifah
9. *Father's Occupation* Brewerie
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johannu Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

# RETURN OF A BIRTH.

18853

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPT. JUN 23 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 7 |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | June 14, 1877 |
| 4. Place of Birth (Street and Number) | 58 Whatcoat St |
| 5. Full Name of Mother | Margaret Tucker |
| 6. Mother's Maiden Name | " Stuntz |
| 7. Mother's Birthplace | Carroll Co Md |
| 8. Full Name of Father | George E. Tucker |
| 9. Father's Occupation | Carpenter |
| 10. Father's Birthplace | Balt City |
| Name of Medical Attendant, or other Person who makes this Return. | A Tinsley MD |
| Address | 454 N. Carey St |
| Remarks | City |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18854

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 15th 1877 |
| *4. Place of Birth (Street and Number)* | No. 13 Arnstead lane |
| *5. Full Name of Mother* | Catherine Baer |
| *6. Mother's Maiden Name* | Ott |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Charles Baer |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 [illegible] |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1885 53

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | June 16. 1877 |
| *3. Date of Birth* | White |
| *4. Place of Birth (Street and Number)* | 222 E. Orleans St |
| *5. Full Name of Mother* | Regine Christian |
| *6. Mother's Maiden Name* | R. Nuckel |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wilhelm Christian |
| *9. Father's Occupation* | Cigar maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Marie R. Rudiger |
| *Address* | 139 E. Bond St |
| *Remarks* | |

# RETURN OF A BIRTH.

18856

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 16 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 15th 1877
4. *Place of Birth* (Street and Number) No. 81 Lemmon alley.
5. *Full Name of Mother* Mary Welberton
6. *Mother's Maiden Name* Mary Fierhart.
7. *Mother's Birthplace* Germania
8. *Full Name of Father* August Welberton
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germania

*Name of Medical Attendant*, or other Person who makes this Return.

*Address*

*Remarks*

Katherine Doll.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18857

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
16
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th
4. *Place of Birth (Street and Number)* No. 235 N. Lombard St
5. *Full Name of Mother* Mary Bernhardt
6. *Mother's Maiden Name* " Allvater
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John H. Bernhardt
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Goetzke

*Address* No 53 S. Bond St

*Remarks* died 5 hours after birth

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18858

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female, |
| *2. Race or Color (if not of the white race)* | White, |
| *3. Date of Birth* | June 15. 1877 |
| *4. Place of Birth (Street and Number)* | 114 Aisquith St. |
| *5. Full Name of Mother* | Mary Emma Little, |
| *6. Mother's Maiden Name* | Mary Emma Stewart, |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Robert B. Little, |
| *9. Father's Occupation* | Silver Plater, |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. W. Hench MD |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

18859

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 15, 1877 |
| *4. Place of Birth (Street and Number)* | 189 E. Fayette St. |
| *5. Full Name of Mother* | Mary Elenora Jackson |
| *6. Mother's Maiden Name* | Mary Elenora Hanson |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Samuel R. Jackson |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. W. Houck MD |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18860

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 15th 1877
4. Place of Birth (Street and Number) No. 8 Cumberland St.
5. Full Name of Mother Mrs. Isabella Kershaw
6. Mother's Maiden Name Barnesly
7. Mother's Birthplace Montgomery Co. Md
8. Full Name of Father Charles Henry Kershaw
9. Father's Occupation Superst. blacksmith shop. B. C. P. R. Co.
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Wm. W. H. Murray M.D.

Address 10 N. Curry St.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18861

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
19
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 15th 1877 |
| *4. Place of Birth (Street and Number)* | 81 S Durham |
| *5. Full Name of Mother* | Elizabeth Richardson |
| *6. Mother's Maiden Name* | " Marsden |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | William Richardson |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buselman |
| *Address* | 120 Bank st |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18862

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 8 1877 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 15th 1877
4. *Place of Birth (Street and Number)* No 271 S Ann st.
5. *Full Name of Mother* Mary Belz
6. *Mother's Maiden Name* " Berk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Belz
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Elizabetta Buselmann

*Address* 129 Bank st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18863

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth June 13th 1877
4. Place of Birth (Street and Number) Fort Av. — no Number to the Haus
5. Full Name of Mother Louise Silva
6. Mother's Maiden Name Louisa Lohman
7. Mother's Birthplace Anne Arundel County Maryland
8. Full Name of Father Frank Silva
9. Father's Occupation Laborer
10. Father's Birthplace Spain

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av.

Remarks

# RETURN OF A BIRTH.

188611

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 15 June |
| *4. Place of Birth (Street and Number)* | Balto Co |
| *5. Full Name of Mother* | Elizabeth Dessler |
| *6. Mother's Maiden Name* | Romer |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Dessler |
| *9. Father's Occupation* | Beer Driver |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophie Simon |
| *Address* | No 70 Granby St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18865

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 15th 1877
4. *Place of Birth (Street and Number)* No 34 Mulberry St.
5. *Full Name of Mother* Clara Cornela
6. *Mother's Maiden Name* Clara Hoope
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Antonia Cornela
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Near Palermo Sicily

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Wirneberger

*Address* 23 N. Liberty St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18866

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 15 June 1877 |
| *4. Place of Birth (Street and Number)* | Lombard |
| *5. Full Name of Mother* | Dora King |
| *6. Mother's Maiden Name* | Gesang |
| *7. Mother's Birthplace* | U States |
| *8. Full Name of Father* | Bernhard King |
| *9. Father's Occupation* | Cook-driver |
| *10. Father's Birthplace* | U States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper for F |
| *Address* | 52 E. Lombard F |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18867

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Child |
| *2. Race or Color (if not of the white race)* | [redacted] |
| *3. Date of Birth* | June 15 87 |
| *4. Place of Birth (Street and Number)* | 1167 N. Chapel St |
| *5. Full Name of Mother* | Severia Howard |
| *6. Mother's Maiden Name* | " Meads |
| *7. Mother's Birthplace* | Balto Co |
| *8. Full Name of Father* | George Howard |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balt Co |
| *Name of Medical Attendant,* or other Person who makes this Return. | Susan Morgan |
| *Address* | 47 N. Durham St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18868

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3te Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 15. 1877
4. *Place of Birth (Street and Number)* Ensor St. No 6.
5. *Full Name of Mother* Louise Tehroder
6. *Mother's Maiden Name* Louise Ley
7. *Mother's Birthplace* Helmuthshausen Kr. Baiern. Germany
8. *Full Name of Father* Heinrich Tehroder
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Braunschweig Herz. Braunschweig. Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No 26

*Remarks*

*City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

18869

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

Augusta Wick

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 15, 1877
4. *Place of Birth (Street and Number)* Conway St. No. 129.
5. *Full Name of Mother* Martha E. Wick
6. *Mother's Maiden Name* Martha E. Fikermann
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry Wick
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Voytendorf. K. Baiern. Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks* GIVEN NAME ADDED 3-31-83

*... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

18870

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2 Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | Color |
| 3. Date of Birth | 15 June |
| 4. Place of Birth (Street and Number) | Wilmore alg Nory |
| 5. Full Name of Mother | Maigret Blaxton |
| 6. Mother's Maiden Name | Maigret Clemmont |
| 7. Mother's Birthplace | 16 N Baltimore Md |
| 8. Full Name of Father | Cipsska Blaxton |
| 9 Father's Occupation | Dearman |
| 10. Father's Birthplace | W. Virgin |
| Name of Medical Attendant, or other Person who makes this Return. | Fanny Duchingmendrife |
| Address | 16 Little Grine St |
| Remarks | |

...born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18871

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

*No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.)* 4te

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Juny 15. 1877

*4. Place of Birth (Street and Number)* South Koestel str No

*5. Full Name of Mother* Erly Reborger

*6. Mother's Maiden Name* Erly Benth

*7. Mother's Birthplace* Schottland

*8. Full Name of Father* Heinrich Reborger

*9. Father's Occupation* Railroad Offiser

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanna Raupach

*Address* South Wolf str No 28

*Remarks* Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18872

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 15th of June

*4. Place of Birth (Street and Number)* No 127 Vine Street

*5. Full Name of Mother* Elisabeth C. Fisher

*6. Mother's Maiden Name* Elisabeth C. Führenberg

*7. Mother's Birthplace* Nienburg Hanover

*8. Full Name of Father* Gustav Fisher

*9. Father's Occupation* Cabinet-maker.

*10. Father's Birthplace* Münden Hanover

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Anna Dumler 60 Schorter

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18873

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6 Sixth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 15 1877

*4. Place of Birth (Street and Number)* No 26 Knox's Al.

*5. Full Name of Mother* Emma E. Nicklas

*6. Mother's Maiden Name* " " Zell

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* George Nicklas

*9. Father's Occupation* Huckster

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Jno. C. Harris M.D.

*Address* No 360 Lexington St Balt.

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18874

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 15th 1877 |
| *4. Place of Birth (Street and Number)* | 70 McMackin |
| *5. Full Name of Mother* | Martha A. Frederick |
| *6. Mother's Maiden Name* | Jackson |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Benj. F. Frederick |
| *9 Father's Occupation* | Ice Dealer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. H. Christian M.D. |
| *Address* | 431 Penna. Ave. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18875

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH JUN 23 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Collor
3. *Date of Birth* June 15
4. *Place of Birth (Street and Number)* 90 White st
5. *Full Name of Mother* Sarah Edwards
6. *Mother's Maiden Name* Sarah allen
7. *Mother's Birthplace* Estern shore m d
8. *Full Name of Father* Geo Edwards
9. *Father's Occupation* ~~had~~ had barier
10. *Father's Birthplace* Wester shore Va

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Doctor

*Address* 10 Carlton av

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18876

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) light
3. Date of Birth June 15 1877
4. Place of Birth (Street and Number) 16 Bethel St
5. Full Name of Mother Emilin Denies
6. Mother's Maiden Name Emiline Hight
7. Mother's Birthplace Baltimore
8. Full Name of Father William Denies
9. Father's Occupation Magner
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Allas Chaymon

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18877

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

THE HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

8 D

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Jun 14 [illegible]
4. Place of Birth (Street and Number) No 22 Carews Alley
5. Full Name of Mother Mrs Nancy Dorsey
6. Mother's Maiden Name Nancy Fax
7. Mother's Birthplace Cockeysvilley Baltimore county
8. Full Name of Father James Dorsey Cockeysville Baltimore co
9. Father's Occupation Generl labourer
10. Father's Birthplace Baltimore county Decays

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucy Cornish

Address

Remarks

# RETURN OF A BIRTH.

18878

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. JUL 13 1887 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 15th 12 25 P. M. 1877
4. *Place of Birth* (Street and Number) 137 Bank St.
5. *Full Name of Mother* Mary Eliza Cashmyer
6. *Mother's Maiden Name* Mary Eliza Hinkand
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry Cashmyer
9. *Father's Occupation* P
10. *Father's Birthplace* Bavaria

*Name of Medical Attendant*, or other Person who makes this Return. James E. Donville M.D

*Address* 299 E. Baltimore St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18879

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 15th 1877
4. *Place of Birth* (Street and Number) 101 Lemon St
5. *Full Name of Mother* Elenora Loos
6. *Mother's Maiden Name* Elenora Pecht
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Emile Loos
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. E. Sinclair

*Address*

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16880

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether Male ~~or Female~~) Male
2. *Race or Color* (~~if not of the~~ white ~~race~~) White
3. *Date of Birth* June 15th 1877
4. *Place of Birth* (Street and Number) Arlington av. 3 doors above Saratoga
5. *Full Name of Mother* Ella Allen
6. *Mother's Maiden Name* Ella Coats
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benj[n] Allen
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Philadelphia

*Name of Medical Attendant*, or other Person who makes this Return. Geo L. Brewer MD

*Address* 258 W. Fayette St.

*Remarks*

...City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18881

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 15th 1887 |
| *4. Place of Birth (Street and Number)* | 305 Light St |
| *5. Full Name of Mother* | Margaret M Sadler |
| *6. Mother's Maiden Name* | Margaret M Sadler |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Geo Sadler |
| *9. Father's Occupation* | Oyster Farmer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

18882

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 15th 1877

*4. Place of Birth (Street and Number)* G. Bevan St

*5. Full Name of Mother* Laura E Green

*6. Mother's Maiden Name* Laura E Douglass

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* E Thos Green

*9. Father's Occupation* Painter

*10. Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Theodore Cook M.D.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1888.3

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th 1872
4. *Place of Birth (Street and Number)* No 322 Central Ave
5. *Full Name of Mother* Elizziabeth Huber
6. *Mother's Maiden Name* Elizziabeth Durbeh
7. *Mother's Birthplace* Germany
8. *Full Name of Father* G. J. Huber
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Lena Hellegeist

*Address* 181 Monuments

*Remarks*

1888 11

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 15th June
4. Place of Birth (Street and Number) 95 Pennsylvania Ave.
5. Full Name of Mother Mary Elizabeth Matthan
6. Mother's Maiden Name " " Acherman
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Henry Adolph Matthan
9. Father's Occupation Expressman
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Humble 60 Shorter

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18885

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 16th 1877 |
| *4. Place of Birth (Street and Number)* | No 236 S. Charles St. |
| *5. Full Name of Mother* | Marie Eiring |
| *6. Mother's Maiden Name* | Etoel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Eiring |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. D. Wasser midwife |
| *Address* | 213 Cross St. |
| *Remarks* | |

# RETURN OF A BIRTH.

18886

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 16th 1877
4. Place of Birth (Street and Number) 151 S. Charles str.
5. Full Name of Mother Auguste Look
6. Mother's Maiden Name Kubanka
7. Mother's Birthplace Germany
8. Full Name of Father Charles H. L. Look
9. Father's Occupation Engineer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lina Seebach

Address Nuf Pratt str. 439

Remarks

...of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JUN 18 1877 BALTIMORE

# RETURN OF A BIRTH.

18887

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 16th 1877
4. Place of Birth (Street and Number) Park Avenue 8th door from Townsend St.
5. Full Name of Mother Mary Virginia Mayer
6. Mother's Maiden Name Mary Virginia Deans
7. Mother's Birthplace Gloucester Co. Va.
8. Full Name of Father Louis Mayer
9. Father's Occupation Lawyer
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. [illegible] Prow Md

Address Park Avenue Cor. Lanvale St.

Remarks

# RETURN OF A BIRTH.

18888

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
19
1877
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* June 16th 1877

4. *Place of Birth (Street and Number)* No 50 Centre St.

5. *Full Name of Mother* Elizabeth J. Jane

6. *Mother's Maiden Name* Elizabeth J. Smith.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Jane

9. *Father's Occupation* Waiter

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18889

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 16th 1877. |
| *4. Place of Birth (Street and Number)* | 134 Columbia St. |
| *5. Full Name of Mother* | Josephine Berry. |
| *6. Mother's Maiden Name* | " Boswell. |
| *7. Mother's Birthplace* | Balto. City. |
| *8. Full Name of Father* | James W. Berry. |
| *9. Father's Occupation* | Clerk. |
| *10. Father's Birthplace* | Washington D.C. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. N. Tall. M.D. |
| *Address* | 158 S. Sharp St. |
| *Remarks* | Child living. |

# RETURN OF A BIRTH.

18590

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 16. 1877
4. *Place of Birth (Street and Number)* E. Biddle St. No. 267
5. *Full Name of Mother* Theresia Behrenz
6. *Mother's Maiden Name* Theresia Schubert
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Johann Behrenz
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Bremen fr. Stadt Bremen. Germany

*Name of Medical Attendant, or other Person who makes this Return.* Harry E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

**City of Baltimore, shall report to the Registrar aforesaid, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

18891

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 16th 1877 |
| *4. Place of Birth (Street and Number)* | No 12 Diamond St. |
| *5. Full Name of Mother* | Mary ~~Connolly~~ Ford |
| *6. Mother's Maiden Name* | Mary Connolly |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Ford |
| *9. Father's Occupation* | Horse shoer. |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Wenneberger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18899
1889.3

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 and 8. (Twins)

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 16th 1877.

*4. Place of Birth (Street and Number)* 29 S. Carrollton Avenue

*5. Full Name of Mother* Agnes Mary Cooney

*6. Mother's Maiden Name* Agnes Mary Holton

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* William J. T. Cooney

*9. Father's Occupation* Compositor (Printer)

*10. Father's Birthplace* Hancock, Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dumler CO

*Address* North Schroeder Street

*Remarks*

# RETURN OF A BIRTH.

1889 11

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
22
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 8 4/11. |
| 1. *Sex* (state whether Male or Female) | Male. |
| 2. *Race or Color* (if not of the white race) | White. |
| 3. *Date of Birth* | 16th of June 1877. |
| 4. *Place of Birth* (Street and Number) | No 136 E. Fayette St. |
| 5. *Full Name of Mother* | Caroline F. Hug. |
| 6. *Mother's Maiden Name* | Caroline F. Rosing. |
| 7. *Mother's Birthplace* | Baltimore City. |
| 8. *Full Name of Father* | David F. Hug. |
| 9. *Father's Occupation* | Paper Hanger. |
| 10. *Father's Birthplace* | Baltimore City. |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Walter |
| *Address* | 126 N. Caroline St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18895

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
22
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 16th 1877 |
| *4. Place of Birth (Street and Number)* | Whatcoat St No. 9 |
| *5. Full Name of Mother* | Mary E. ~~Ubert~~ Fauth |
| *6. Mother's Maiden Name* | Mary E. Ubert |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | George Fauth |
| *9 Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | L. G. Sparrow M. D. |
| *Address* | Patterson Avenue No. 95 |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18896

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Fe Mail
2. Race or Color (if not of the white race) White
3. Date of Birth June 16 = 1877
4. Place of Birth (Street and Number) 129 South Bond St
5. Full Name of Mother Lizzie Fisher
6. Mother's Maiden Name Lizzie Gibson
7. Mother's Birthplace Baltimore
8. Full Name of Father Isaac Fisher
9. Father's Occupation Huckester
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. El Fray

Address 193 So Chester St

Remarks Healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18897

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 16th 1877
4. Place of Birth (Street and Number) S Paca St (Extended)
5. Full Name of Mother Ann Vanschriber
6. Mother's Maiden Name Ann Morgan
7. Mother's Birthplace City of Balto
8. Full Name of Father Robt. Vanschriber
9. Father's Occupation Brick Maker
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Jno. D Blake M.D.

Address No 140 Scott St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18898

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)* race.

*3. Date of Birth* 16 June.

*4. Place of Birth (Street and Number)* 184 Hamburg St.

*5. Full Name of Mother* Doreathea Fischer.

*6. Mother's Maiden Name* Doreathea Seiffert.

*7. Mother's Birthplace* Baltimore City.

*8. Full Name of Father* Charles A Fischer.

*9. Father's Occupation* Blacksmith.

*10. Father's Birthplace* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs M. Strong.

*Remarks* No 32. Lee Urban Street

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18899

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT
JUN
23
1887
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 6 18 ~~Carlton av~~
4. *Place of Birth* (Street and Number) 18 Carlton av
5. *Full Name of Mother* Celia Craft
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Craft
9. *Father's Occupation* Lamplighter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Proctor

*Address* 10 Carlton av

*Remarks*

# RETURN OF A BIRTH.

18900

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUN 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 16th

4. *Place of Birth (Street and Number)* 916 Jefferson St

5. *Full Name of Mother* Magret Peters

6. *Mother's Maiden Name* Margaret Pefer

7. *Mother's Birthplace* Germany

8. *Full Name of Father* John Peters

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Harner

*Address* No 22 E Eutaw St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18901

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. JUN 25 1877 BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 16. 1877
4. *Place of Birth (Street and Number)* 140 maderia ally
5. *Full Name of Mother* Annie grimes
6. *Mother's Maiden Name* Annie simons
7. *Mother's Birthplace* germanny
8. *Full Name of Father* richerd grimes
9. *Father's Occupation* roger
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. mary emner 153 choptank st

*Address*

*Remarks*

Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18902

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPT
JUN 25 '97
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd " |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | African |
| *3. Date of Birth* | June 16-97. |
| *4. Place of Birth (Street and Number)* | No 24 Dewberry Ave. |
| *5. Full Name of Mother* | Annie Cole. |
| *6. Mother's Maiden Name* | Annie Melvale. |
| *7. Mother's Birthplace* | Dorchester Co. Md. |
| *8. Full Name of Father* | James A. Cole. |
| *9. Father's Occupation* | Plasterer & Brick Layer. |
| *10. Father's Birthplace* | Ellicotts City, Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. T. King - M.D. |
| *Address* | Edmondson Ave |
| *Remarks* | 1 door W. of Carrollton Ave |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18903

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 17 June

*4. Place of Birth (Street and Number)* 15 Burke St

*5. Full Name of Mother* Sarrah Rebecca Burgan

*6. Mother's Maiden Name* S Re forkner

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* James Henry Burgan

*9. Father's Occupation* labor

*10. Father's Birthplace* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Wiley

*Address* Patterson Park Avenue

*Remarks* S Fe baby died in 12 hours

June 18th Mount Carmel Cemetery. Wendelin Dippel. S. Bond st 151

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18904

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 17th June 1877 |
| *4. Place of Birth (Street and Number)* | No. 5 S. Broadway |
| *5. Full Name of Mother* | Mary Catherine McFee |
| *6. Mother's Maiden Name* | Wall |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Harry Betts McFee |
| *9. Father's Occupation* | Coal Merchant |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. P. Irons M.D. |
| *Address* | No. 406 E. Balto. St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18905

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 28 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* June 17th 1877

*4. Place of Birth (Street and Number)* 45 Portland Ste

*5. Full Name of Mother* Emilia Grofs

*6. Mother's Maiden Name* Emilia Poehnert

*7. Mother's Birthplace* Lautenthal Hanover Germany

*8. Full Name of Father* August Grofs

*9. Father's Occupation* Coachmaker

*10. Father's Birthplace* Oberreichenau by Pausa Sachsen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Fischer

*Address* No 33 South Howard Street

*Remarks*

1890 6

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 June
4. *Place of Birth (Street and Number)* No 8 Trinity
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* Ausing
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Georg Miller
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No 70 Granby street

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18907

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) light
3. Date of Birth June 1st 1877
4. Place of Birth (Street and Number) no 145 Carolina St
5. Full Name of Mother Lizzer Hines
6. Mother's Maiden Name Lizer Butler
7. Mother's Birthplace Baltimore
8. Full Name of Father Hurtle Hines
9. Father's Occupation Magner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Alas Chayman

Address

Remarks

# RETURN OF A BIRTH.

1890 74

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 12 |
| *4. Place of Birth (Street and Number)* | 17 Etting st |
| *5. Full Name of Mother* | Jane Mathews |
| *6. Mother's Maiden Name* | Jane Bowne |
| *7. Mother's Birthplace* | Balto Co |
| *8. Full Name of Father* | Norman Mathews |
| *9. Father's Occupation* | Wagonmaker |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return. | S. W. Wilson |
| *Address* | 251 Madison Ave |
| *Remarks* | |

*...ndrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18907B

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) June th 17 1877

1. Sex (state whether Male or Female) See Ste Mother mall
2. Race or Color (if not of the white race) Race or color
3. Date of Birth Date of Birthe
4. Place of Birth (Street and Number) Hamburge 211
5. Full Name of Mother Gar of Canish
6. Mother's Maiden Name
7. Mother's Birthplace Baltmore Dritte Baltimore
8. Full Name of Father
9. Father's Occupation Mr Cohrls Colman
10. Father's Birthplace S. City Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marg Sprggs

Address N2 Peach aly

Remarks

# RETURN OF A BIRTH.

1908

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 13 1907 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 3rd Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sunday June 17th 1st P.M. 1877
4. *Place of Birth* (Street and Number) 12 S. Wolf
5. *Full Name of Mother* Mary Eliza Chase
6. *Mother's Maiden Name* Mary Eliza Chalk
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Chas. Chase
9. *Father's Occupation* Printing Office
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Jamie E. Donnelle M.D.

*Address* 297 E. Baltimore St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18909

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 17th 1877.
4. Place of Birth (Street and Number) No 287 Bank Str
5. Full Name of Mother Angelina Ann Price White
6. Mother's Maiden Name A. A. Price
7. Mother's Birthplace America
8. Full Name of Father Geo. Henry White.
9. Father's Occupation Boatman
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address # 203 S Washington St

Remarks F.P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18910

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 30 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st Chd

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Ad
3. *Date of Birth* June 17 1877
4. *Place of Birth (Street and Number)* No 84 Spring St
5. *Full Name of Mother* Cecilia Hitchins
6. *Mother's Maiden Name* Celia Williams
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John C Hitchins
9. *Father's Occupation* Day
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J Baltimore M D

*Address* 23 Franklin St Balto

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18911

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Child

*2. Race or Color (if not of the white race)*

*3. Date of Birth* June 17th 1911

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* [illegible]

*8. Full Name of Father* [illegible]

*9. Father's Occupation* [illegible]

*10. Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18912

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 18th 1877 |
| *4. Place of Birth (Street and Number)* | No 38 little church |
| *5. Full Name of Mother* | Elisabeth Kain |
| *6. Mother's Maiden Name* | Ries |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | August Kain |
| *9. Father's Occupation* | shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

# RETURN OF A BIRTH.

18913

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | June 18th 1877 |
| 4. *Place of Birth* (Street and Number) | 15 Ross St |
| 5. *Full Name of Mother* | Mary Washington |
| 6. *Mother's Maiden Name* | Franklin |
| 7. *Mother's Birthplace* | Balto |
| 8. *Full Name of Father* | George Washington |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Duffy |
| *Address* | 17 Little Montgomery St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18911

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 18th 1877 |
| *4. Place of Birth (Street and Number)* | Latrin Hospital Cor Aisquith & Monument |
| *5. Full Name of Mother* | Emma Block |
| *6. Mother's Maiden Name* | Engelberg |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles Block |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. E. Stein M. D. |
| *Address* | 195 N. Eden St. |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18915

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 18th |
| *4. Place of Birth (Street and Number)* | 42 Portland Av |
| *5. Full Name of Mother* | Louise Richter |
| *6. Mother's Maiden Name* | Bush |
| *7. Mother's Birthplace* | Jackson |
| *8. Full Name of Father* | Wm Richter |
| *9. Father's Occupation* | Restaurant Keeper |
| *10. Father's Birthplace* | Hessen darmstadt |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Krow |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

# RETURN OF A BIRTH.

1891 5a.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 19 th June |
| *4. Place of Birth (Street and Number)* | 86. Moss Alley |
| *5. Full Name of Mother* | Maria Minna |
| *6. Mother's Maiden Name* | Maria Moody |
| *7. Mother's Birthplace* | va |
| *8. Full Name of Father* | Lewis Moody |
| *9. Father's Occupation* | A Sailor |
| *10. Father's Birthplace* | va |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlott Goodlow |
| *Address* | No 85 Moss Alley |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18916

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | [illegible] |
| *3. Date of Birth* | 18th June 1877 |
| *4. Place of Birth (Street and Number)* | 128 Canal St |
| *5. Full Name of Mother* | Christina Brown |
| *6. Mother's Maiden Name* | Green |
| *7. Mother's Birthplace* | U States |
| *8. Full Name of Father* | William Brown |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | U States |
| *Name of Medical Attendant,* or other Person who makes this Return. | [illegible] |
| *Address* | [illegible] |
| *Remarks* | |

# RETURN OF A BIRTH.

18917

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 18th June 1877 |
| *4. Place of Birth (Street and Number)* | 246 Bond St |
| *5. Full Name of Mother* | Mary Mueller Geiger |
| *6. Mother's Maiden Name* | Hoeflich |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Christian Mueller Geiger |
| *9. Father's Occupation* | Cigar manufacturer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper Jr |
| *Address* | 520 E Lan Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18918

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the. 18. 1877
4. *Place of Birth (Street and Number)* N. Gay St. No. 245
5. *Full Name of Mother* Dina Snyder
6. *Mother's Maiden Name* Dina Ullrich
7. *Mother's Birthplace* Baltimore. City
8. *Full Name of Father* Henry T. Snyder
9. *Father's Occupation* Tea Dealer
10. *Father's Birthplace* Baltimore. City

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* N. Dallas St No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18919

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** June 20

HEALTH DEPT JUN 21 1877 BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* June 18th 1877
4. *Place of Birth* (*Street and Number*) 93 Chapel St
5. *Full Name of Mother* Katie Eder
6. *Mother's Maiden Name* Katie Hengelman
7. *Mother's Birthplace* America
8. *Full Name of Father* Francis Eder
9. *Father's Occupation* Tinner
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Amend

*Address* No 137 Wolfe St

*Remarks* —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18920

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* June 18th 1877

*4. Place of Birth (Street and Number)* 192 George st

*5. Full Name of Mother* Mriah Scott

*6. Mother's Maiden Name* Missing Cambel

*7. Mother's Birthplace* South West Virginia

*8. Full Name of Father* Edward Scot

*9. Father's Occupation* Furniture Wagoon driver

*10. Father's Birthplace* Buford Co

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte [illegible]

*Address* 25 West Raboy st

*Remarks* [illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18921

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June. 18th/77 |
| *4. Place of Birth (Street and Number)* | Gorham st No. 250 |
| *5. Full Name of Mother* | Louisa Wenninger |
| *6. Mother's Maiden Name* | Fuchs |
| *7. Mother's Birthplace* | Bader |
| *8. Full Name of Father* | John Wenninger |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Bader |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schultze |
| *Address* | Midwife 320 Allen Anna st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18922

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Light complection
3. *Date of Birth* June 18th 1877
4. *Place of Birth (Street and Number)* No. Fargrove Alley
5. *Full Name of Mother* Mary Wallace
6. *Mother's Maiden Name* " Johnson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* John Wallace
9. *Father's Occupation* White washer
10. *Father's Birthplace* Annapolis [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. Amelia Johnson

*Address*

*Remarks* The house which they [illegible] [illegible]

[illegible]

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18923

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) (Col)
3. Date of Birth June 18th 1877
4. Place of Birth (Street and Number) Saratoga alley Balto Md
5. Full Name of Mother Mary Williams
6. Mother's Maiden Name —
7. Mother's Birthplace Easton Md.
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Jas S. Fulks M.D.

Address No 203 Saratoga st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18924

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) mother 4 issue

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 18 June
4. *Place of Birth* (Street and Number) 61 Dallas Street
5. *Full Name of Mother* Mary E Henson
6. *Mother's Maiden Name* Mary E Patton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* C C Patton Baltimore
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Walker

*Address* 94 S Dallas St

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18925

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 18 1877
4. Place of Birth (Street and Number) 506 Penna. Ave.
5. Full Name of Mother Mary Hulse
6. Mother's Maiden Name Sleet
7. Mother's Birthplace Balto. City
8. Full Name of Father Jas. H. Hulse
9. Father's Occupation Dyer
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Penna. Ave.

Remarks

# RETURN OF A BIRTH. 18926

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, ~~3d~~, &c.)

*1. Sex* (state whether *Male* or *Female*) Female

*2. Race or Color* (if not of the white race)

*3. Date of Birth* June 18/77

*4. Place of Birth* (Street and Number) 350 Franklin St

*5. Full Name of Mother* Roberta H Jones

*6. Mother's Maiden Name* Smith

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* John Wesley Jones

*9. Father's Occupation* Adams Express man

*10. Father's Birthplace* Baltimore County Md

*Name of Medical Attendant*, or other Person who makes this Return Mrs Goodman

*Address* Jo W Jones

*Remarks*

---

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth ~~sex~~, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18927

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st Child Born Alive |
| 1. *Sex* (state whether Male or Female) | Female Child |
| 2. *Race or Color* (if not of the white race) | Colored Child |
| 3. *Date of Birth* | Born in June 18, 1877 |
| 4. *Place of Birth* (Street and Number) | No 582 E Rose Alley Court |
| 5. *Full Name of Mother* | Matilda Stokes |
| 6. *Mother's Maiden Name* | Mariah Stokes |
| 7. *Mother's Birthplace* | Baltimore Md |
| 8. *Full Name of Father* | |
| 9. *Father's Occupation* | Music Player |
| 10. *Father's Birthplace* | |
| *Name of Medical Attendant*, or other Person who makes this Return. | Harriet Jackson |
| *Address* | No 97 Chestnut |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1892 8

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 '87 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 18th 1877 |
| *4. Place of Birth (Street and Number)* | 167 Register Str |
| *5. Full Name of Mother* | Maria Scheller |
| *6. Mother's Maiden Name* | Maria Brebele |
| *7. Mother's Birthplace* | Bavaria |
| *8. Full Name of Father* | Joseph Scheller |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Turkheim Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Lederer |
| *Address* | |
| *Remarks* | 258. Lfurham Str |

# RETURN OF A BIRTH.

18929

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth (8th) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 18th 1877 |
| *4. Place of Birth (Street and Number)* | 119 Saratoga St. |
| *5. Full Name of Mother* | Barbara Krieger |
| *6. Mother's Maiden Name* | " Hinkelmann |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Christoph Krieger |
| *9. Father's Occupation* | Publisher |
| *10. Father's Birthplace* | Reinhardsriet Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Anna Lindner |
| *Address* | 45 Monroe St. near Lombard St |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

18930

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Female.

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 16th 1877

4. *Place of Birth (Street and Number)* No 10. Coffman Street.

5. *Full Name of Mother*

6. *Mother's Maiden Name* Mary Dingly

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Unknown

9. *Father's Occupation*

10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No 181. N. Central Ave. 3 doors S. of Monument St.

*Remarks* All Well.

R. 16.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18931

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) color
3. Date of Birth 18
4. Place of Birth (Street and Number) China st 64
5. Full Name of Mother hannah sims
6. Mother's Maiden Name
7. Mother's Birthplace talbert Co
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Charlotte Johnson

Address Warner st 1723

Remarks

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18932

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* June 18th 1877
4. *Place of Birth* (Street and Number) 27 E. Broadway
5. *Full Name of Mother* Pauline Dausch
6. *Mother's Maiden Name* " Isele
7. *Mother's Birthplace* Switzerland
8. *Full Name of Father* P. G. Dausch
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore City Md

*Name of Medical Attendant*, or other Person who makes this Return. P. G. Dausch M.D.

*Address* 27 E. Broadway

*Remarks*

City of Baltimore, shall report to the registrar aforesaid, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18933

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 18th 1877 |
| *4. Place of Birth (Street and Number)* | 54 Lee St |
| *5. Full Name of Mother* | Mary E Hopkins |
| *6. Mother's Maiden Name* | Mary E Tilden |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Regd N Hopkins |
| *9. Father's Occupation* | Brailif |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18934

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 28 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colord
3. Date of Birth 19 June
4. Place of Birth (Street and Number) 97 Lee St
5. Full Name of Mother Francis Garrett
6. Mother's Maiden Name " " Winthine
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jane Garrett
9. Father's Occupation Labor
10. Father's Birthplace Cambridge Md

Name of Medical Attendant, or other Person who makes this Return.

Address Lodge Sidney

Remarks

No 1 Patapsica ave

# RETURN OF A BIRTH.

18935

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| Child of Mother (state whether 1st, 2d, 3d, &c.) | Second |
| (state whether Male or Female) | Male |
| ce or Color (if not of the white race) | Collord |
| te of Birth | Jun th 19 Still Born |
| ce of Birth (Street and Number) | 239 South Gutaw St |
| l Name of Mother | Mary ~~Jon~~ ~~Kiah~~ Sigh |
| her's Maiden Name | Mary Jon Kiah |
| her's Birthplace | Cambriadge md |
| l Name of Father | Gorge Sigh |
| her's Occupation | Wagner |
| her's Birthplace | Cambriadge md |
| me of Medical Attendant, or other Person who makes this Return. | Lucy upshure |
| dress | No 134 South Gutaw St |
| marks | |

# RETURN OF A BIRTH.

1877

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 19/77 |
| *4. Place of Birth (Street and Number)* | Canton ave. (No. 402 |
| *5. Full Name of Mother* | Johanna Eikenberg. |
| *6. Mother's Maiden Name* | " " |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Julius Eikenberg |
| *9. Father's Occupation* | Cigar maker |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schultze |
| *Address* | Midwife |
| *Remarks* | 320 Aliceanna. |

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18937

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 19th 77 |
| *4. Place of Birth (Street and Number)* | Bond st. No. 256 |
| *5. Full Name of Mother* | Lena Koch |
| *6. Mother's Maiden Name* | " Baker |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Henry Koch |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schulte |
| *Address* | Richmond |
| *Remarks* | 320 Alice ann st |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18938

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 4th |
| 1. *Sex* (*state whether Male or Female*) | Female |
| 2. *Race or Color* (*if not of the white race*) | White |
| 3. *Date of Birth* | 19th of June. 1877. |
| 4. *Place of Birth* (*Street and Number*) | No. 8 Caroline St. Ocean |
| 5. *Full Name of Mother* | Caroline Bishop |
| 6. *Mother's Maiden Name* | Caroline Hogarth |
| 7. *Mother's Birthplace* | Baltimore City. |
| 8. *Full Name of Father* | George Bishop |
| 9. *Father's Occupation* | Millsman. |
| 10. *Father's Birthplace* | Baltimore City. |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Walker |
| *Address* | 125 N. Caroline St |
| *Remarks* | |

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18939

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
23
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 19 of June
4. *Place of Birth* (Street and Number) Hamburg Street 327
5. *Full Name of Mother* Caroline Heilholtz
6. *Mother's Maiden Name* Caroline Rutter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Heilholtz
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Goodman

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18940

HEALTH DEPARTMENT
JUN
23
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 19 1877 |
| *4. Place of Birth (Street and Number)* | 267 East Madison St Baltimore |
| *5. Full Name of Mother* | Catharine Seipp |
| *6. Mother's Maiden Name* | Catharina Schnobel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Seipp |
| *9. Father's Occupation* | Store Keeper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Miranda Marine |
| *Address* | 323 East Monument St |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18941

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1877 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 19th /77
4. Place of Birth (Street and Number) Cor Biddle & Harford Av
5. Full Name of Mother Kate McAffee
6. Mother's Maiden Name Kate Cline
7. Mother's Birthplace Balt Co
8. Full Name of Father Job. McAffee
9. Father's Occupation Commission Produce Mch
10. Father's Birthplace Balt Co

Name of Medical Attendant, or other Person who makes this Return. W Kneeps MD

Address 131 St Charles

Remarks

# RETURN OF A BIRTH.

18942

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1871 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 19th |
| *4. Place of Birth (Street and Number)* | 231 E. Pratt |
| *5. Full Name of Mother* | Mary Field |
| *6. Mother's Maiden Name* | Mary Allen |
| *7. Mother's Birthplace* | Balt. City |
| *8. Full Name of Father* | Wm. Field |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | John F. Newmeyer M.D. |
| *Address* | S. W. Calvert & Read sts, |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

189143

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 25 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 19th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Parkin. at No. 122 |
| *5. Full Name of Mother* | Marcilla Jones |
| *6. Mother's Maiden Name* | Childs |
| *7. Mother's Birthplace* | Balto. County |
| *8. Full Name of Father* | Reason Jones |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Howard County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Whitehall |
| *Address* | No. 122 Parkin 21 |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

189111
18944

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH OFFICE JUN 23 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 19 Juni
4. *Place of Birth (Street and Number)* 523 Schab Stritt
5. *Full Name of Mother* Maria Hock Hock
6. *Mother's Maiden Name* M Schuh ~~Lenkoch~~
7. *Mother's Birthplace* Washington
8. *Full Name of Father* Georg Hock
9. *Father's Occupation* Kemder
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leadenhall Stritt

*Remarks*

# RETURN OF A BIRTH.

18911
18945

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June th 19 " 1877 |
| 4. *Place of Birth (Street and Number)* | 333 Sharp Street |
| 5. *Full Name of Mother* | Maria Hock |
| 6. *Mother's Maiden Name* | " " Schuh |
| 7. *Mother's Birthplace* | Washigton D. C |
| 8. *Full Name of Father* | George Hock |
| 9. *Father's Occupation* | unknon |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Cathzina Münch |
| *Address* | 74 Leadenhall st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18946

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 10 June 1897 |
| *4. Place of Birth (Street and Number)* | 16 E. Eutaw St |
| *5. Full Name of Mother* | Charlotte Zenner |
| *6. Mother's Maiden Name* | Hohaus |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Conrad Zenner |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gertrude Smith |
| *Address* | 16 E. Eutaw St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18947

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 rd Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 19 th 1877 |
| *4. Place of Birth (Street and Number)* | N 353 Hanbury st. |
| *5. Full Name of Mother* | Elisabeth Fink |
| *6. Mother's Maiden Name* | Graff |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | George Fink |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schroeder midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

advise at the birth of any child, within the City of Bal
within six days thereafter, stating distinctly the date of
born, its or their physical condition, whether still born
of the parents, and the maiden name of the mother of su

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18945

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
9
1877
BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)*

*1. Sex (state whether Male ~~or Female~~)*

*2. Race or Color (~~if not of the~~ white race)*

*3. Date of Birth* June 19th 1877

*4. Place of Birth (Street and Number)* No 178 N Edw st

*5. Full Name of Mother* Frances Virginia Adams

*6. Mother's Maiden Name* " " Keighler

*7. Mother's Birthplace* Balto Co'd

*8. Full Name of Father* Alexander Adams

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Balto Co'd

*Name of Medical Attendant,* or other Person who makes this Return. J. Ridgway Pindell M.D.

*Address* No 621 E Balto st

*Remarks*

# RETURN OF A BIRTH.

18949

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (~~state whether~~ Male ~~or Female~~)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 19.77 |
| *4. Place of Birth (Street and Number)* | 52 N. Fremont St |
| *5. Full Name of Mother* | Alice Bell |
| *6. Mother's Maiden Name* | D E Bauer |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | Geo W C Bell |
| *9. Father's Occupation* | Magistrate |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Lucie M Eastman |
| *Address* | |
| *Remarks* | Fred Fere |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

15950

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second. |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 6th 1877. |
| *4. Place of Birth (Street and Number)* | 118 George St. |
| *5. Full Name of Mother* | Augusta Bartolanna |
| *6. Mother's Maiden Name* | A. Hoffmann |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | George Bartolanna |
| *9. Father's Occupation* | Agent. |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wensel |
| *Address* | 56 East St. |
| *Remarks* | |

This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18961

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 5
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* June 4th 1877
4. *Place of Birth (Street and Number)* 118 Forest st
5. *Full Name of Mother* Elizabeth Kaulmann
6. *Mother's Maiden Name* Elizabeth Dommer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Theodor Kaulmann
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Jane Killegrew

*Address* 118 Forest st

*Remarks*

# RETURN OF A BIRTH.

18932

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
31
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18953

HEALTH DEPARTMENT
JUL
31
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

# RETURN OF A BIRTH.

189354

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 20th |
| *4. Place of Birth (Street and Number)* | 54 Howard st |
| *5. Full Name of Mother* | Mary Vonderehlen |
| *6. Mother's Maiden Name* | Meiers |
| *7. Mother's Birthplace* | West minster |
| *8. Full Name of Father* | Boston Vonderehlen |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Krohn |
| *Address* | 328 S Eutaw st |
| *Remarks* | |

JUN 29 1877

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18955

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 20th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Mc Henry No 36 |
| *5. Full Name of Mother* | Ellen Murphy |
| *6. Mother's Maiden Name* | Ellen Colman |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Patrick Murphy |
| *9. Father's Occupation* | Expressman |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No 122 Parkin St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18956

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 20 1877
4. *Place of Birth (Street and Number)* N 340 N Broadway
5. *Full Name of Mother* Mary Ellen Cremen
6. *Mother's Maiden Name* Mary Ellen Shannessey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Stephen A Cremen
9. *Father's Occupation* Teacher
10. *Father's Birthplace* Dublin Ireland

*Name of Medical Attendant,* or other Person who makes this Return. J. W. Pratard M.D.

*Address* N 114 Park Av.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18957

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.):* | 13? |
| *1. Sex (state whether Male or Female)* | Boy |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 20 |
| *4. Place of Birth (Street and Number)* | 332 Mulberry St |
| *5. Full Name of Mother* | Emma Adreton |
| *6. Mother's Maiden Name* | Emma Smith |
| *7. Mother's Birthplace* | Balt. Co. |
| *8. Full Name of Father* | [illegible] |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Worcester Co |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. M. Wilson |
| *Address* | 251 Madison Ave. |
| *Remarks* | |

# RETURN OF A BIRTH.

18958

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 20
4. Place of Birth (Street and Number) 3 Eden st 157
5. Full Name of Mother Babra Koutz
6. Mother's Maiden Name Babra Wall
7. Mother's Birthplace Balto
8. Full Name of Father Andrige Josia Koutz
9. Father's Occupation Oyster Packer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. John A Schultz Mg

Address N E Cor Gough & Eden st

Remarks Premature birth 6½ Month by artificial means

The child sighed about an hour

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~18903~~
18959

HEALTH DEPARTMENT
JUN 30 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* [illegible]

*4. Place of Birth (Street and Number)* June 20 1877

*5. Full Name of Mother* Mary [illegible]

*6. Mother's Maiden Name* Mary Müller

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Robert [illegible]

*9. Father's Occupation* Beer B[illegible]

*10. Father's Birthplace* Bauten

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Schmitt

*Address* 47 [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18960

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | June 20th 1877 |
| *4. Place of Birth (Street and Number)* | 20 N Dallas St. |
| *5. Full Name of Mother* | Christina Simmons |
| *6. Mother's Maiden Name* | Christina Griffin |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | George Simmons |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Petersburg Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. Lawson Wilkins M.D. |
| *Address* | 77 So. Broadway |
| *Remarks* | |

18961

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st & first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 28th 77
4. *Place of Birth (Street and Number)* Harrison St # 41
5. *Full Name of Mother* Annie Otto
6. *Mother's Maiden Name* " Rauch
7. *Mother's Birthplace* Saxton Europe
8. *Full Name of Father* Oscar Otto
9. *Father's Occupation* Dyer & Scourer
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Dr F. Liebig

*Address* # 8 Holland St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18962

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 the mother of 4 to

*1. Sex (state whether Male or Female)* female ~~colord~~

*2. Race or Color (if not of the white race)* colord

*3. Date of Birth* 28 June 1877

*4. Place of Birth (Street and Number)* 94 Wilson st

*5. Full Name of Mother* mary ann gipsion

*6. Mother's Maiden Name* mary ann miers

*7. Mother's Birthplace* Baltimore md

*8. Full Name of Father* James gipsion

*9. Father's Occupation* laber

*10. Father's Birthplace* Baltimore md

*Name of Medical Attendant,* or other Person who makes this Return. lear Walker

*Address* 94 dalar st

*Remarks* —

18963

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | ~~Female~~ Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 20th 1877 |
| *4. Place of Birth (Street and Number)* | 113 William St |
| *5. Full Name of Mother* | Florence A. North |
| *6. Mother's Maiden Name* | Florence A. Work |
| *7. Mother's Birthplace* | Easton Md |
| *8. Full Name of Father* | Winter P. North |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore [illegible] |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore; shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

1896 11

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

JUL 5 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 20th
4. *Place of Birth (Street and Number)* 103 W. Calvert St
5. *Full Name of Mother* Martha Jane Bunting
6. *Mother's Maiden Name* " " Wilkinson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Robert Bunting
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. John Morris M.D.

*Address* No. 5 Franklin St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

16965

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* June 20th 1877

4. *Place of Birth* (Street and Number) 71 Bank st

5. *Full Name of Mother* Mary Becker

6. *Mother's Maiden Name* " Friedrich

7. *Mother's Birthplace* City

8. *Full Name of Father* John Becker

9. *Father's Occupation* Cutter

10. *Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buschmann

*Address* 120 Bank st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18966

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 20/77 |
| *4. Place of Birth (Street and Number)* | Allice Anna st No. 320 |
| *5. Full Name of Mother* | Lena Wisniski |
| *6. Mother's Maiden Name* | Kobajeski |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Geo Wisniski |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Anna st |

# RETURN OF A BIRTH.

18967

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 5th |
| *1. Sex* (state whether Male or Female) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | June 20th 1877 |
| *4. Place of Birth* (Street and Number) | Stricker No 417 |
| *5. Full Name of Mother* | Isabella ~~McComas~~ Turner |
| *6. Mother's Maiden Name* | Isabella McComas |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Joseph Turner |
| *9 Father's Occupation* | Lumber Dealer |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | L. G. Spanow M.D. |
| *Address* | |
| *Remarks* | |

shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18968

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

**And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

18969

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | The third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June the 20 1877 |
| *4. Place of Birth (Street and Number)* | |
| *5. Full Name of Mother* | Emily G Bufter |
| *6. Mother's Maiden Name* | Emily G Loudenslaker |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Edward W Bufter |
| *9 Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Pencelvania |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ann E Bull |
| *Address* | No 171 South Chester St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

18970

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. JUN 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June. 20 |
| *4. Place of Birth (Street and Number)* | Baltimor Montgomery St. 153 |
| *5. Full Name of Mother* | Rebecca Hoffman |
| *6. Mother's Maiden Name* | " Stone |
| *7. Mother's Birthplace* | Baltimor MD. |
| *8. Full Name of Father* | Jacob Hoffman |
| *9. Father's Occupation* | machineist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Elizabeth Scarborough |
| *Address* | No 236. Montgomery Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18971

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 25 1877
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 20. 1877
4. *Place of Birth (Street and Number)* 341 eastern avenue
5. *Full Name of Mother* mary keith
6. *Mother's Maiden Name* mary scally
7. *Mother's Birthplace* ireland
8. *Full Name of Father* charles A keith
9. *Father's Occupation* abbots iron co
10. *Father's Birthplace* Howard county

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153 chaptank st

*Address*

*Remarks*

18972

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 20th 1877 |
| *4. Place of Birth (Street and Number)* | 209 Chestnut Street |
| *5. Full Name of Mother* | Margret Forster |
| *6. Mother's Maiden Name* | Margret Meister |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Friedrich Forster |
| *9. Father's Occupation* | Steinhauer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Marie K. Rediger |
| *Address* | 134 S. Bond Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18973

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 ed Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 20 ed 1877 |
| *4. Place of Birth (Street and Number)* | No 718 Light st |
| *5. Full Name of Mother* | Mary Smith |
| *6. Mother's Maiden Name* | Dunn |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | August Smith |
| *9. Father's Occupation* | Commissioner |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Lehmaier midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

189744

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 7 1897
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6 Twin |
| *1. Sex (state whether ~~Male~~ or Female)* | |
| *2. Race or Color (if not of the white race)* | Col |
| *3. Date of Birth* | 20th June |
| *4. Place of Birth (Street and Number)* | 56 Tyson St |
| *5. Full Name of Mother* | Henrietta Kelly |
| *6. Mother's Maiden Name* | " Young |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | William Kelly |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | M M Antrim |
| *Address* | 192 Pearl St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18975

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 29 1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White. |
| 3. *Date of Birth* | June 21. 1877. |
| 4. *Place of Birth* (Street and Number) | 242 August St. |
| 5. *Full Name of Mother* | Clara C. Nandle. |
| 6. *Mother's Maiden Name* | Clara C. Seaman |
| 7. *Mother's Birthplace* | Maryland |
| 8. *Full Name of Father* | Edward M. Nandle. |
| 9. *Father's Occupation* | Merchant Tailor. |
| 10. *Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. N. Honck M.D. |
| *Address* | 95. E. Baltimore St. |
| *Remarks* | |

18976

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)* 4 6

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Juny 21. 1877

*4. Place of Birth (Street and Number)* N. Wolfstr No 78

*5. Full Name of Mother* Franziska Klack

*6. Mother's Maiden Name* Franziska Market

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Sam Klack

*9. Father's Occupation* Schipp Karpenter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mr Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18977

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ten Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geborne den 21. June
4. Place of Birth (Street and Number) No 244 Alexander Str
5. Full Name of Mother Katharine Michel
6. Mother's Maiden Name Katharine Pohner
7. Mother's Birthplace Deutschland Preußen
8. Full Name of Father Karl Michel
9. Father's Occupation Maler
10. Father's Birthplace Deutschland.

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 178 Corner of Dallas und Eastern Av

Remarks Hemme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18978

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White race

*3. Date of Birth* June 21st 1877

*4. Place of Birth (Street and Number)* Lombard St 114

*5. Full Name of Mother* Mary Rossler

*6. Mother's Maiden Name* " Sweigert

*7. Mother's Birthplace* Baden

*8. Full Name of Father* William Rossler

*9. Father's Occupation* Restaurant

*10. Father's Birthplace* Baden

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Rose Nelly

*Address* 48 Holland St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18979

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3th

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* 21st June

*4. Place of Birth (Street and Number)* No 4 N Gay Street

*5. Full Name of Mother* Apollonia Hazel

*6. Mother's Maiden Name* Apollonia Schwing

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Philipp Hazel

*9. Father's Occupation* tailor merchant

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Henry Salzer Mrs

*Address* 165 W Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18980

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 21st
4. *Place of Birth (Street and Number)* 123 Rock st
5. *Full Name of Mother* Mary E Smith
6. *Mother's Maiden Name* Mary E Schminser
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wm H Smith
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Emma E Schreiber

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18481

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* 2. Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 of June 1877
4. *Place of Birth (Street and Number)* 416 W Fayette St.
5. *Full Name of Mother* Elise Sellihan Schmidt.
6. *Mother's Maiden Name* Elise Mehm.
7. *Mother's Birthplace* Hasindarmstadt Schlitz.
8. *Full Name of Father* Peter Schmidt.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Melfungen Carhesen.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Anna Dunlop 60 Sporten

*Remarks*

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18982

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | second |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 21st 1877. |
| *4. Place of Birth (Street and Number)* | 451 Saratoga A. |
| *5. Full Name of Mother* | Anna Hefse |
| *6. Mother's Maiden Name* | Anna Ruth |
| *7. Mother's Birthplace* | Hessen Germany |
| *8. Full Name of Father* | Charles Hefse |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Prussian Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophia Wensel |
| *Address* | 56 Hart A |
| *Remarks* | |

That any physician, [illegible], midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18983

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether ~~1st, 2d,~~ 3d, &c.) | (Third child) |
| *1. Sex* (state whether Male ~~or Female~~) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | June 21 st 1877 |
| *4. Place of Birth* (Street and Number) | No 175 Hudson st. Canton |
| *5. Full Name of Mother* | Mary Fraties |
| *6. Mother's Maiden Name* | Mary Parsons |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | James C Parsons |
| *9. Father's Occupation* | Can Maker |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Thomas J. Evans M. D |
| *Address* | No 18 Jackson Place |
| *Remarks* | (Premature Birth) |

18984

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 21 1877

*4. Place of Birth (Street and Number)* N. W. Corner Calhoun and Mulberry Street

*5. Full Name of Mother* Caroline Strong

*6. Mother's Maiden Name* Caroline Lamb

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Chase Strong

*9. Father's Occupation* Blacksmith

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Jas. M. Strong

*Remarks* No. 32. Leadenhal Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18985

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 21st June 1877

*4. Place of Birth (Street and Number)* 35 Block St.

*5. Full Name of Mother* Josephine Leonard

*6. Mother's Maiden Name* Baker

*7. Mother's Birthplace* U States of America

*8. Full Name of Father* Patrick Leonard

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Cooper Jr.

*Address* [illegible]

*Remarks*

18986

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 21st June 1877

*4. Place of Birth (Street and Number)* no Number Stared

*5. Full Name of Mother* Catharine Gullens

*6. Mother's Maiden Name* Catharine Reese

*7. Mother's Birthplace* Carlisle Pa

*8. Full Name of Father* Edward Gullens

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Frederick Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah Gullens

*Address* 104 Curley St Canton

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18987

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6. d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 21st 1877 No 123.
4. *Place of Birth (Street and Number)* Battery Ave.
5. *Full Name of Mother* Emline Buckman
6. *Mother's Maiden Name* Emline Kellog
7. *Mother's Birthplace* Philadelphia Pa.
8. *Full Name of Father* Charles Buckman
9. *Father's Occupation* Singer
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant, or other Person who makes this Return.* Dorothea Brune.

*Address* 114 Bolley Ave.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18988

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 21 |
| *4. Place of Birth (Street and Number)* | 157 Caroline St |
| *5. Full Name of Mother* | Elizabeth Keller |
| *6. Mother's Maiden Name* | Nugent |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | George Keller |
| *9. Father's Occupation* | Police Officer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

18989

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 21st |
| *4. Place of Birth (Street and Number)* | Cor Willow & Britton St |
| *5. Full Name of Mother* | Ann Rebecca Maulsby |
| *6. Mother's Maiden Name* | Howard |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Augustus Clementine Maulsby |
| *9. Father's Occupation* | Stonecutter & Trader |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. C. Stein M.D. |
| *Address* | 195 N. Eden St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18,990

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 ed Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 21 st 1877 |
| *4. Place of Birth (Street and Number)* | No 294 Cross st. |
| *5. Full Name of Mother* | Cathe Heker |
| *6. Mother's Maiden Name* | Weisbrodt |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Henry Heker |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 18991

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c*)

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant*, or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18992

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 16 Kind

1. *Sex (state whether Male or Female)* Mächten
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* den 20 Juny 1877
4. *Place of Birth (Street and Number)* Laundrerei Eynau No 42
5. *Full Name of Mother* Schen Westbam
6. *Mother's Maiden Name* Schen Meldonlin
7. *Mother's Birthplace* in England
8. *Full Name of Father* Frank Westbam
9. *Father's Occupation* Kutschmacher
10. *Father's Birthplace* in England

*Name of Medical Attendant,* or other Person who makes this Return. Hebamme Theresia Engeldinger

*Address* N 14 Union Strit

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19992 12

To the Office of Registrar of Vital Statistics, Board of Health,

*BALTIMORE CITY.*

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June th 20 th 1877 |
| 4. *Place of Birth (Street and Number)* | No 42 Boundary ave |
| 5. *Full Name of Mother* | Jane Weskorn |
| 6. *Mother's Maiden Name* | " " Mendoline |
| 7. *Mother's Birthplace* | England |
| 8. *Full Name of Father* | Frank D Weskorn |
| 9. *Father's Occupation* | Cridgemacker |
| 10. *Father's Birthplace* | England |
| *Name of Medical Attendant, or other Person who makes this return* | Theresia Eigeldinger |
| *Address* | No 14 Union St |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 22 June |
| *4. Place of Birth (Street and Number)* | 153 Hanover |
| *5. Full Name of Mother* | Mary Schweitzer |
| *6. Mother's Maiden Name* | Klipper |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Schweitzer |
| *9. Father's Occupation* | Police Officer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Krebs |
| *Address* | 328 S. Eutaw St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1899.3 1/2

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | |
| *1. Sex (state whether Male or Female)* | [illegible] |
| *2. Race or Color (if not of the white race)* | [illegible] |
| *3. Date of Birth* | 20 June |
| *4. Place of Birth (Street and Number)* | 16 [illegible] |
| *5. Full Name of Mother* | [illegible] |
| *6. Mother's Maiden Name* | [illegible] |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | [illegible] |
| *9. Father's Occupation* | [illegible] |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | [illegible] |
| *Address* | [illegible] |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18993

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June 29th 1877 |
| 4. *Place of Birth (Street and Number)* | No 19 Courtland Street |
| 5. *Full Name of Mother* | Margeritha ~~Margaretha~~ Morre |
| 6. *Mother's Maiden Name* | " " Bretto |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Heinrich Morre |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Krüncke |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

13994

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | White [illegible] |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21 June |
| *4. Place of Birth (Street and Number)* | 57 Lemmon [illegible] Hall |
| *5. Full Name of Mother* | Wilma Lee |
| *6. Mother's Maiden Name* | Wilma [illegible] |
| *7. Mother's Birthplace* | [illegible] |
| *8. Full Name of Father* | [illegible] Lee |
| *9. Father's Occupation* | Electrician |
| *10. Father's Birthplace* | [illegible] |
| *Name of Medical Attendant,* or other Person who makes this Return. | [illegible] Wilma |
| *Address* | 76 [illegible] Wall |
| *Remarks* | |

*Penalty for neglect, refusal, or delay in making this Return, or for making a false Return, or for refusing or neglecting to answer any question relating to the same, or for refusing to allow the Registrar or his Deputy access to the records, or for refusing to allow him to make extracts therefrom, or for refusing to allow him to make a copy of any record, or for refusing to allow him to make a copy of any record, or for refusing to allow him to make a copy of any record

# RETURN OF A BIRTH.

189911

12995

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June the 21 1877 |
| 4. *Place of Birth (Street and Number)* | No 87 Henriella St |
| 5. *Full Name of Mother* | Mina Bock |
| 6. *Mother's Maiden Name* | " Kliff |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Friedrich Bock |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18996

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female —

*2. Race or Color (if not of the white race)* White —

*3. Date of Birth* June 22d 1877 —

*4. Place of Birth (Street and Number)* Cor Balto & Fremont —

*5. Full Name of Mother* Leslie Virginia Caspari

*6. Mother's Maiden Name* " " Heinichen

*7. Mother's Birthplace* Virginia Petersburg

*8. Full Name of Father* Charles — Caspari

*9. Father's Occupation* Pharmacist

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. C. Dohme M.D.

*Address* 86. S. Fayette St

*Remarks* Natural Sales

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18997

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Black |
| *3. Date of Birth* | June 29 1897 |
| *4. Place of Birth (Street and Number)* | [illegible] |
| *5. Full Name of Mother* | [illegible] |
| *6. Mother's Maiden Name* | [illegible] |
| *7. Mother's Birthplace* | [illegible] |
| *8. Full Name of Father* | [illegible] |
| *9. Father's Occupation* | [illegible] |
| *10. Father's Birthplace* | [illegible] |
| *Name of Medical Attendant, or other Person who makes this Return.* | [illegible] |
| *Address* | [illegible] |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18998

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 22 1877. |
| *4. Place of Birth (Street and Number)* | 45 N. Gay St. |
| *5. Full Name of Mother* | Emma Josephine Means. |
| *6. Mother's Maiden Name* | Emma Josephine Roney. |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Henry W. Means. |
| *9. Father's Occupation* | Undertaker. |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. N. Hack M.D. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18999

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH REPORT JUN 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. *Sex* (state whether Male or Female) | Male. |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | June 22nd 1877 |
| 4. *Place of Birth* (Street and Number) | N. E. Corner Lawn & Eutaw Sts. |
| 5. *Full Name of Mother* | Josephine F. Kelly |
| 6. *Mother's Maiden Name* | Josephine F. Gobas. |
| 7. *Mother's Birthplace* | Maryland. |
| 8. *Full Name of Father* | Thomas Kelly |
| 9. *Father's Occupation* | Druggist |
| 10. *Father's Birthplace* | Ireland |
| *Name of Medical Attendant*, or other Person who makes this Return. | J. N. Hoeck M.D. |
| *Address* | 95 E. Baltimore St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19.000

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 22. 1879 |
| *4. Place of Birth (Street and Number)* | 240 S Cook St |
| *5. Full Name of Mother* | Alice Coleman |
| *6. Mother's Maiden Name* | " Campbell |
| *7. Mother's Birthplace* | Balt City |
| *8. Full Name of Father* | Chas R. Coleman |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Harford Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. Tinsley M.D. |
| *Address* | 454 N. Caroline |
| *Remarks* | City |

1900 1

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colard |
| *3. Date of Birth* | June the 22 |
| *4. Place of Birth (Street and Number)* | Baltimore city Md 27 little mourning St |
| *5. Full Name of Mother* | Virginia Williams |
| *6. Mother's Maiden Name* | Virginia Hammond |
| *7. Mother's Birthplace* | Carroll County Md |
| *8. Full Name of Father* | Abraham Williams |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Maular Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah J Darvall |
| *Address* | No 33 little Monument Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19002

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 d.

1. *Sex (state whether Male or Female)* Mädchen.
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 22 Juni 1877.
4. *Place of Birth (Street and Number)* Baltimore. 277 Bond St.
5. *Full Name of Mother* Katharine Schumann.
6. *Mother's Maiden Name* Strobel.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Schumann.
9. *Father's Occupation* Handarbeiter.
10. *Father's Birthplace* Preußen.

*Name of Medical Attendant,* or other Person who makes this Return. Anna Rimmen.

*Address* Bond St. 263.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19003

HEALTH DEPARTMENT
JUN 27 1900
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 June
4. *Place of Birth (Street and Number)* 11 Hollins Street
5. *Full Name of Mother* Caroline Wilhelmina
6. *Mother's Maiden Name* Krause
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Wilhelm
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby Street

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19014

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPAR
JUN
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 22d. 1877. 11. A. M. |
| *4. Place of Birth (Street and Number)* | No 49. S. Shroder St. Baltimore Md. |
| *5. Full Name of Mother* | Ella Wallace. |
| *6. Mother's Maiden Name* | Ella Poulton. |
| *7. Mother's Birthplace* | Washington City D. C. |
| *8. Full Name of Father* | John B. Wallace |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Philadelphia. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm. T. Jones M. D. |
| *Address* | 96 N. Paca St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19005

HEALTH DEPT
JUN
28
1577
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 22d 1877. |
| *4. Place of Birth (Street and Number)* | 87 Johnson St. |
| *5. Full Name of Mother* | Margaret Hinkley. |
| *6. Mother's Maiden Name* | " Bainlein. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Wm Hinkley |
| *9. Father's Occupation* | Barber. |
| *10. Father's Birthplace* | Balto City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. W. Tall. M.D. |
| *Address* | 158 S. Sharp St. |
| *Remarks* | Child healthy |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19006

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | American |
| *3. Date of Birth* | June 22 |
| *4. Place of Birth (Street and Number)* | 360 N. Broadway |
| *5. Full Name of Mother* | Frances Virginia Tinges |
| *6. Mother's Maiden Name* | — Bridges |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Alfred Sargeant Tinges |
| *9. Father's Occupation* | Pharmacist & Physician |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | A. S. Tinges, M.D. |
| *Address* | 360 N. Broadway |
| *Remarks* | |

# RETURN OF A BIRTH.

19007

HEALTH DEPARTMENT JUL 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* one The Last

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 22. of June

*4. Place of Birth (Street and Number)* Baltimore. M. D. Hanover [ 330

*5. Full Name of Mother* Mary. Margaret. Pearl.

*6. Mother's Maiden Name* Flaherty

*7. Mother's Birthplace* Baltimore M. D.

*8. Full Name of Father* Milton. E. Pearl

*9. Father's Occupation* Employed by. The B. 50 Company

*10. Father's Birthplace* Baltimore M. D.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Rigens Midwife

*Address*

*Remarks*

368 Hanover Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19008

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | June 22nd 1877 |
| 4. *Place of Birth* (Street and Number) | 115 S Eutaw St |
| 5. *Full Name of Mother* | |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | |
| 8. *Full Name of Father* | Henry G Fruhinger |
| 9. *Father's Occupation* | Employee Calvert Sugar Refining |
| 10. *Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | D W Cathell |
| *Address* | 211 Broadway |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19009

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White race |
| *3. Date of Birth* | June 22nd 1877 |
| *4. Place of Birth (Street and Number)* | Central avenue No 164 |
| *5. Full Name of Mother* | Rosa Dunigan |
| *6. Mother's Maiden Name* | " Lessner |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Peter Jean Dunigan |
| *9. Father's Occupation* | Carriage maker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Alley |
| *Address* | 48 Cleveland St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19010

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 6 1901 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 2 not

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 22 nd of June 1901
4. *Place of Birth* (Street and Number) Baltimore City. 26 Eutaw St
5. *Full Name of Mother* Lavinia Sawyer
6. *Mother's Maiden Name* Lavinia Murphy
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Henry Sawyer
9. *Father's Occupation* Driver of Patrol Cart
10. *Father's Birthplace* Calvert County Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Sawyer

*Address* 373 West St Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19011

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 22 June 1877

*4. Place of Birth (Street and Number)* 379 Bankard

*5. Full Name of Mother* Annie Dickman

*6. Mother's Maiden Name* Davis

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* John Dickman

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Carpenter

*Address* 62 E Bankard

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

14012

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT
JUN 25 '87
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First (1) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 22/87 |
| *4. Place of Birth (Street and Number)* | 163 W Lombard St |
| *5. Full Name of Mother* | Kate Brown |
| *6. Mother's Maiden Name* | " " |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | William J. Brown |
| *9. Father's Occupation* | Silver Smith |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr Hunter McGuire Md |
| *Address* | 163 W Lombard St |
| *Remarks* | |

19013

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 22 June |
| *4. Place of Birth (Street and Number)* | Sarah Ann st. No. 58 |
| *5. Full Name of Mother* | Czebeller Moss |
| *6. Mother's Maiden Name* | Czebeller Boston |
| *7. Mother's Birthplace* | several Rivers |
| *8. Full Name of Father* | Joseph Baston |
| *9. Father's Occupation* | farmer |
| *10. Father's Birthplace* | several Rivers |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charles Goosbeary |
| *Address* | No. 89 Moss Alley |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19111

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 26 1911 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 22 June 1897 |
| *4. Place of Birth (Street and Number)* | 262 Mulberry St. |
| *5. Full Name of Mother* | Elisabeth Kohlhepp |
| *6. Mother's Maiden Name* | Bilzel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | George Kohlhepp |
| *9. Father's Occupation* | Carpenter maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gertraud Kelley |
| *Address* | 151 E. Pratt St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19015

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUN 26 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 150 Eutaw Av.
4. *Place of Birth (Street and Number)* 22 June 1877
5. *Full Name of Mother* Wilhelmine Franz
6. *Mother's Maiden Name* Koerner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas Frey
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Gertrude Miller

*Address* 151 E. Pratt St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19016

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22 1877
4. *Place of Birth (Street and Number)* 1366 N Fremont
5. *Full Name of Mother* Emma A Rogers
6. *Mother's Maiden Name* Emma A Holloway
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William F Rogers
9. *Father's Occupation* Accountant
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* F E Chatard MD

*Address* 1114 Park Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19017

BOARD OF HEALTH
JUL
19
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) /

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colred
3. *Date of Birth* 22d June 1877 Pearie street Baltimore md
4. *Place of Birth* (Street and Number) Pearice Street Baltimore Md
5. *Full Name of Mother* Maria ~~John~~ Anderson
6. *Mother's Maiden Name* Maria Bailey
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* John Anderson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Richmond Va

*Name of Medical Attendant*, or other Person who makes this Return.

*Address* Mrs Jane Baker 66 Cider alley

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19018

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 22nd 1877 |
| *4. Place of Birth (Street and Number)* | 1st Hayes St |
| *5. Full Name of Mother* | Emma Bryan |
| *6. Mother's Maiden Name* | Emma Lutkins |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | Wesley Bryan |
| *9. Father's Occupation* | Mechanic |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Robb MD |
| *Address* | 17 Hanover |
| *Remarks* | City |

19019

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 22d 1877.
4. *Place of Birth (Street and Number)* Cor. Monument & Washington St
5. *Full Name of Mother* Mary Fischer.
6. *Mother's Maiden Name* Mary Engel.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Christoph Fischer.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182 E. Monument St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19020

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 22d 1877.
4. *Place of Birth (Street and Number)* No. 20 E. Fairmount St.
5. *Full Name of Mother* Clara Heinze.
6. *Mother's Maiden Name* Clara Herau.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Richard Heinze.
9. *Father's Occupation* Gunsmith.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Gena Hillgeit.

*Address* No. 182. E. Monument St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19021

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 22 " 1877 |
| *4. Place of Birth (Street and Number)* | 496 Harford Road |
| *5. Full Name of Mother* | Catherina Letzer |
| *6. Mother's Maiden Name* | " " " Mürden |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Albert Letzer |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbara Reisz |
| *Address* | No 26 N Fredrick St |
| *Remarks* | |

Every midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19022

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Jan 22 1902 |
| *4. Place of Birth (Street and Number)* | 202 Eden |
| *5. Full Name of Mother* | Emma A Keller |
| *6. Mother's Maiden Name* | Emma Pingarell |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Jacob C Keller |
| *9. Father's Occupation* | Cabinet Maker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Keller |
| *Address* | 202 E Eden |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19023

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 11 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 22d of June 1892 |
| *4. Place of Birth (Street and Number)* | 170 N. Bond. |
| *5. Full Name of Mother* | Mary Kast |
| *6. Mother's Maiden Name* | Mary M. Frederick |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Kast |
| *9. Father's Occupation* | Carriage Painter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Walker |
| *Address* | 26 N. Caroline |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19024

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.)* 4 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Juny 23. 1877
4. *Place of Birth (Street and Number)* O Lombard str No
5. *Full Name of Mother* Barbara Genau
6. *Mother's Maiden Name* Barbara Schwartz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Franz Genau
9. *Father's Occupation* Flechster
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19025

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
28
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ninth (9) |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23 June 1877 |
| *4. Place of Birth (Street and Number)* | 251 N Bond St. |
| *5. Full Name of Mother* | Mary I Hamilton |
| *6. Mother's Maiden Name* | Mary I Riley |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joel B Hamilton |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Amanda Marine |
| *Address* | 323 E Monument St |
| *Remarks* | |

# RETURN OF A BIRTH.

19026

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
28
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 23rd 1877
4. *Place of Birth* (Street and Number) No 60 Stiles St.
5. *Full Name of Mother* Emma Wolf
6. *Mother's Maiden Name* Fisher
7. *Mother's Birthplace* Balto. city
8. *Full Name of Father* Adam Wolf
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Sauer M.D.

*Address* 105 N. Central Avenue.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19027

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
28
1877
BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Color |
| *3. Date of Birth* | June 23 " 1877 |
| *4. Place of Birth (Street and Number)* | 108 Cider Alley |
| *5. Full Name of Mother* | Jane Sewell |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | |
| *8. Full Name of Father* | Henry Sewell |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Jane Bacon |
| *Address* | No 66 Cider Alley |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19028

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 23. 1877
4. *Place of Birth (Street and Number)* Anthoni St. No 12.
5. *Full Name of Mother* Ellen Schuhmann
6. *Mother's Maiden Name* Ellen Dorsey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Schuhmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Miller

*Address* N. Dallas St. No 26.

*Remarks*

19029

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Brown complection

*3. Date of Birth* June 23d 1877

*4. Place of Birth (Street and Number)* No. 16 Hamilton Street

*5. Full Name of Mother*

*6. Mother's Maiden Name* Indiana Davis

*7. Mother's Birthplace* Annapolis A. A. Co Maryland

*8. Full Name of Father* Rhides Taylor

*9. Father's Occupation* Barber

*10. Father's Birthplace* East Shore Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Amelia Johnson

*Address* No. 6 Hamilton St

*Remarks* This birth is an Illegitimate one.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19030

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2.d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 23.d 1877 |
| *4. Place of Birth (Street and Number)* | No 139 S Register str |
| *5. Full Name of Mother* | Maggie Pheifer |
| *6. Mother's Maiden Name* | " Hay |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Henry Pheifer |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank st |
| *Remarks* | |

19031

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 23 June 1877

*4. Place of Birth (Street and Number)* 32 Fayette St.

*5. Full Name of Mother* Louisa Slick

*6. Mother's Maiden Name* Shoulder

*7. Mother's Birthplace* U States

*8. Full Name of Father* Nicholas Slick

*9. Father's Occupation* Stevedore

*10. Father's Birthplace* U States

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casperson

*Address* 326 E. Cornwall

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19032

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

JUN 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 23 d 1877 |
| *4. Place of Birth (Street and Number)* | No 232 Battery ave. |
| *5. Full Name of Mother* | Christine A M Foote. |
| *6. Mother's Maiden Name* | Christine A. M. Freund. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Lloyd L Foote. |
| *9. Father's Occupation* | Joiner |
| *10. Father's Birthplace* | Connecticut |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr Thad Brune |
| *Address* | 117 Battery ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19033

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 11 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 23 1877
4. *Place of Birth (Street and Number)* Balt No 7 Waterses court
5. *Full Name of Mother* Susan Fredricks
6. *Mother's Maiden Name* Barber
7. *Mother's Birthplace* Richmond va
8. *Full Name of Father* James Fredricks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Fredrick city

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19034

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 23° 1877
4. *Place of Birth (Street and Number)* N 232 Lanvale St
5. *Full Name of Mother* Mary Frances Boucher
6. *Mother's Maiden Name* Mary Frances Giles
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Boucher Jr
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Hanover Germany

*Name of Medical Attendant, or other Person who makes this Return.* H Malard MD

*Address* N 114 Park Ave

*Remarks*

# RETURN OF A BIRTH.

19035

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June the 23rd 1877 |
| *4. Place of Birth (Street and Number)* | 224 S Ann Street |
| *5. Full Name of Mother* | Margaretha Käuner |
| *6. Mother's Maiden Name* | " " Schmidt |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Käuner |
| *9. Father's Occupation* | Store Keeper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louise Kraft |
| *Address* | |
| *Remarks* | |

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19036

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 5 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 23d 1877
4. *Place of Birth (Street and Number)* Harford Road
5. *Full Name of Mother* Lizzie Schaller
6. *Mother's Maiden Name* Lizzie Stark
7. *Mother's Birthplace* Germany
8. *Full Name of Father* David Schaller
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dina Hillegust

*Address* No 182 Monument St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19037

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* June 24. 1877.
4. *Place of Birth* (*Street and Number*) High str. 105'
5. *Full Name of Mother* Marie Kampmann
6. *Mother's Maiden Name* — — Schulthais
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theodor Kampmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return* Mrs. Cecilie Bernstein

*Address* 113 E. Lombard str.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19038

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) one Child one mother

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) mc donnel St 228
3. *Date of Birth* Anna June 24 1877
4. *Place of Birth* (*Street and Number*) 228 donnel St 228 Baltimore
5. *Full Name of Mother* Jane Johnson
6. *Mother's Maiden Name* Jane Quinn
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Rioe Johson
9. *Father's Occupation* Whitewasher
10. *Father's Birthplace* Dorchester Co md

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Regester St 130 Baltimore md

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19039

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child one Mother

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* June the 21 1877
4. *Place of Birth (Street and Number)* Durham St 116 Baltimore Md
5. *Full Name of Mother* Ellen Coolfer
6. *Mother's Maiden Name* Ellen Jo Appleton
7. *Mother's Birthplace* Dorchester Co md
8. *Full Name of Father* Josua Coolfer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Richmon Virginia

*Name of Medical Attendant, or other Person who makes this Return.* Lucinda Woolford

*Address* Register St 130 Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19011-0

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
21
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 24 1877
4. *Place of Birth (Street and Number)* 211 Park Ave
5. *Full Name of Mother* Mary Ann McCormick
6. *Mother's Maiden Name* Mary Ann Reilly
7. *Mother's Birthplace* County Caven Ireland
8. *Full Name of Father* John McCormick
9. *Father's Occupation* Carter
10. *Father's Birthplace* County Cavey Ireland

*Name of Medical Attendant, or other Person who makes this Return.* F. E. Cleveland M.D

*Address* 1114 Park Ave

*Remarks*

# RETURN OF A BIRTH.

1904

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Female 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored. |
| *3. Date of Birth* | June 24th 1877. |
| *4. Place of Birth (Street and Number)* | No 21 Forrest Street. |
| *5. Full Name of Mother* | Rebecca Bridge. |
| *6. Mother's Maiden Name* | " " Ennis. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | John H. Bridge |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | North Carolina |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlott. Wilson. |
| *Address* | |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19042

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 24th 1872 |
| *4. Place of Birth (Street and Number)* | No. 410 Hanover st |
| *5. Full Name of Mother* | Mary Buchholtz |
| *6. Mother's Maiden Name* | Mary Taylor |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Buchholtz |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant or other Person who makes this Return.* | Catherine Horner |
| *Address* | No 29 Elizebeth Lane |
| *Remarks* | |

# RETURN OF A BIRTH.

19043

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* June 29
4. *Place of Birth (Street and Number)* 201 McDonough st
5. *Full Name of Mother* Martha Johns
6. *Mother's Maiden Name* Martha Bodd
7. *Mother's Birthplace* Queen Annes Co Md
8. *Full Name of Father* William Johns
9. *Father's Occupation* Grain sunny
10. *Father's Birthplace* Queen Annes Co Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Lear Johnson

*Address* No 32 Short st

*Remarks* healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1902 11

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
3
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24th of June |
| *4. Place of Birth (Street and Number)* | 868 Hanover Street |
| *5. Full Name of Mother* | Mrs. Diana F. Mitchell |
| *6. Mother's Maiden Name* | Miss ... ... Robins |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm. C. Mitchell |
| *9. Father's Occupation* | Sail Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Ruth. Riggin |
| *Address* | |
| *Remarks* | |

868 Hanover Street

# RETURN OF A BIRTH.

19015

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

June

HEALTH DEPARTMENT
JUN
30
1877
BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 2 d

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 24 day of June 1877
4. *Place of Birth* (*Street and Number*) 29 Thames St
5. *Full Name of Mother* Louisa Newman
6. *Mother's Maiden Name* Louisa Schoefy
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrick Newman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Louisa Smith

*Address* Name of the Child John Fredrick Newman

*Remarks* the child is healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19046

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

BOARD OF HEALTH
JUN 25 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 22 June 1877

4. *Place of Birth (Street and Number)* 8 [illegible]

5. *Full Name of Mother* [illegible]

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* [illegible]

8. *Full Name of Father* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19047

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 25 97
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | June 24 1897. |
| *4. Place of Birth (Street and Number)* | 60 Calhoun St. |
| *5. Full Name of Mother* | Matilda A. McGuire. |
| *6. Mother's Maiden Name* | Matilda A. Solomon. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thos. C. McGuire (Deceased) |
| *9. Father's Occupation* | Insurance Agent. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. F. Powell M.D. |
| *Address* | 224 Calhoun Ave. |
| *Remarks* | Child Physical Condition Favorable. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19048
over

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 26 1877

Name of child: Frank C. Hasse

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 24th 1877 |
| *4. Place of Birth (Street and Number)* | No 55 Hill st. |
| *5. Full Name of Mother* | Fanny Hasse |
| *6. Mother's Maiden Name* | Günther |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Charles Hasse |
| *9. Father's Occupation* | Restaraunt |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohmeyer midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19049

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 24th of June

*4. Place of Birth (Street and Number)* 30 Constitution St.

*5. Full Name of Mother* Bridget Walsh

*6. Mother's Maiden Name* " Maloy

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* James Walsh

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19050

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 24th 1877 |
| *4. Place of Birth (Street and Number)* | 226 S Ann Street |
| *5. Full Name of Mother* | Jakobine Behrens |
| *6. Mother's Maiden Name* | " Jansen |
| *7. Mother's Birthplace* | East Friesland "East" Ostfriesland |
| *8. Full Name of Father* | Bäreyd Behrens |
| *9. Father's Occupation* | Storekeeper |
| *10. Father's Birthplace* | East Friesland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louise Kraft |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A

19051

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | 24 th of June 1877 |
| 4. *Place of Birth (Street and Number)* | ~~231 Eastern av~~ 231 Eastern av |
| 5. *Full Name of Mother* | Amalie Renner |
| 6. *Mother's Maiden Name* | " " Holdörfer |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | John Renner |
| 9. *Father's Occupation* | Gasfitter |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Louise Knafft |
| *Address* | |
| *Remarks* | |

19052

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 24 1877 |
| *4. Place of Birth (Street and Number)* | 354 Burnam Street |
| *5. Full Name of Mother* | Maria Blum |
| *6. Mother's Maiden Name* | Maria Bunk |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Fredrich Blum |
| *9. Father's Occupation* | Teacher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbara Reisz |
| *Address* | ~~496 Hartford Road~~ No 26 n Fredrick St |
| *Remarks* | |

HEALTH DEPARTMENT JUN 29 1877

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19053

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 25th June 1877 |
| *4. Place of Birth (Street and Number)* | 24 E Lee Yard |
| *5. Full Name of Mother* | Selma Stalfort |
| *6. Mother's Maiden Name* | " Cradle |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Stalfort |
| *9. Father's Occupation* | Tanner |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Sadler per per D |
| *Address* | 52 E Lombard |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19054

## *To the Office of Registrar of Vital Statistics, Board of Health.*

## *BALTIMORE CITY.*

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19055

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Male 7th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 25th 1872 |
| *4. Place of Birth (Street and Number)* | 420 Cross st |
| *5. Full Name of Mother* | Catherine Beck |
| *6. Mother's Maiden Name* | Catherine Backman |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Beck |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Catherine Horner |
| *Address* | No 22 Elizebeth Lane |
| *Remarks* | |

19056

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 25 1877
4. *Place of Birth (Street and Number)* 441 West Lexington St
5. *Full Name of Mother* Emma Litz.
6. *Mother's Maiden Name* Emma Chalmer
7. *Mother's Birthplace* Born in Gettysburg, Pa.
8. *Full Name of Father* John Henry Litz
9. *Father's Occupation* Journeyman Candy Maker
10. *Father's Birthplace* Baltimore City Md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Amer Dumler 60 Shorter

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19057

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 25. 1877
4. *Place of Birth (Street and Number)* 440 Conner alice ann st
5. *Full Name of Mother* mary ann wolford
6. *Mother's Maiden Name* mary ann williams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Zonal w wolford
9. *Father's Occupation* mariner
10. *Father's Birthplace* Dorchester county

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153 choptank st

*Address*

*Remarks*

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19058

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 25 (87)

*4. Place of Birth (Street and Number)* 69 Wallbright

*5. Full Name of Mother* Mary Coughlan

*6. Mother's Maiden Name* Dooley

*7. Mother's Birthplace* Kilkenny Co Ireland

*8. Full Name of Father* John J Coughlan

*9. Father's Occupation* Liquor Dealer

*10. Father's Birthplace* Cooly Waterford Ireland

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] M D

*Address* 69 Wallbright

*Remarks*

Over-dead

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19059

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 25 Juni
4. *Place of Birth (Street and Number)* 16 Gr. Grün Strift
5. *Full Name of Mother* Kerlein Hartlaer
6. *Mother's Maiden Name* K. Helm
7. *Mother's Birthplace* ~~[illegible]~~ Deutschland
8. *Full Name of Father* Johann Hartlaer
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Gratenhall Strift

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19059

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June 25th 1877 |
| 4. *Place of Birth (Street and Number)* | 167 Little Green St |
| 5. *Full Name of Mother* | Caroline Hartlar |
| 6. *Mother's Maiden Name* | " " " Beln |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | John Hartlar |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Catherina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19060

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

BOARD OF HEALTH
JUN
10
1897
BALTIMORE

*ld of Mother (state whether 1st, 2d, 3d, &c)* 1st Child.

*te whether Male or Female)* Male

*Color (if not of the white race)* Colored

*Birth* 25th of June

*Birth (Street and Number)* 52 Wayne Ave. Baltimore City.

*me of Mother* Elizabeth Boston.

*Maiden Name* Elizabeth Richardson

*Birthplace* Maryland Md.

*me of Father* Robert Boston.

*Occupation* Porter

*Birthplace* Virginia

*Medical Attendant,* or other Person who makes this Return.

134 N. Eutaw St.

Baltimore Md.

19061

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 of children |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Wife |
| *3. Date of Birth* | 25 of June |
| *4. Place of Birth (Street and Number)* | Light St |
| *5. Full Name of Mother* | Allen Wagner |
| *6. Mother's Maiden Name* | Allen Jouts |
| *7. Mother's Birthplace* | culpeper county |
| *8. Full Name of Father* | John Wagner |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Thos Martin |
| *Address* | West St No 128 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19062

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
30
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 25th 1877 |
| *4. Place of Birth (Street and Number)* | No 144 Loudenhall st. |
| *5. Full Name of Mother* | Augusta Mueller |
| *6. Mother's Maiden Name* | Lincoln |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Wilhelm Mueller |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Lobenstein midwife |
| *Address* | 213 Cross st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19063

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* June 25th 1877

4. *Place of Birth* (Street and Number) No 430 Canton Ave

5. *Full Name of Mother* Josephine Kress

6. *Mother's Maiden Name* " Linder

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Peter Kress

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buschmann

*Address* 120 Bank str.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19064

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | |
| *4. Place of Birth (Street and Number)* | June 25th 1877. 381 Eastern Ave. |
| *5. Full Name of Mother* | Maria Hoel |
| *6. Mother's Maiden Name* | " Smidt |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Franz Hoel |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank str |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19063

## To the Office of Registrar of Vital Statistics, Board of Health,

## BALTIMORE CITY.

*No. of Child of Mother* (state whether ~~1st, 2d~~, 3d, &c.)

*1. Sex* (~~state whether~~ Male or ~~Female~~)

*2. Race or Color* (if not of the white race)

*3. Date of Birth* June 25 1897

*4. Place of Birth* (Street and Number) 294 Hopkins St

*5. Full Name of Mother* Lizzie B. Bowman

*6. Mother's Maiden Name* Lizzie B. Watkins

*7. Mother's Birthplace* Md.

*8. Full Name of Father* Chas H. Bowman

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. Geo H Epler

*Address* 1 Waverly Terrace

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19066

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

REGISTERED
JUN
20
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 15th June 1877 |
| *4. Place of Birth (Street and Number)* | 76 Bank St. |
| *5. Full Name of Mother* | Wilhelmina Christy |
| *6. Mother's Maiden Name* | Balzzacke |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Joseph C Christy |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Carpenter |
| *Address* | 52 E Dowdall |
| *Remarks* | |

# RETURN OF A BIRTH.

19067

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23 June |
| *4. Place of Birth (Street and Number)* | 54 Central Ave |
| *5. Full Name of Mother* | Elizabeth A Theser |
| *6. Mother's Maiden Name* | Bregel |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Frederick C Theser |
| *9. Father's Occupation* | Police Officer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19068

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** June 27th

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 23rd 1877.
4. *Place of Birth (Street and Number)* 349 Eastern Ave
5. *Full Name of Mother* Maggie Miener
6. *Mother's Maiden Name* Maggie Kratz
7. *Mother's Birthplace* America.
8. *Full Name of Father* Alexander Miener
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Amend

*Address* No 137 W. of St.

*Remarks* [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19069

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPT
JUN 27 87
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 25. |
| *4. Place of Birth (Street and Number)* | Carrollton Ave & Adams St. |
| *5. Full Name of Mother* | Mary Moulton |
| *6. Mother's Maiden Name* | Mary Durham |
| *7. Mother's Birthplace* | Delaware |
| *8. Full Name of Father* | Jos. F. Moulton |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. H. Wilson |
| *Address* | 257 Madison Ave |
| *Remarks* | |

19070

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June the 23 1811
4. *Place of Birth (Street and Number)* N Lareys al
5. *Full Name of Mother* Ellen Mathurin
6. *Mother's Maiden Name* Ellen Clark
7. *Mother's Birthplace* Irland
8. *Full Name of Father* George Mathurin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Irland

*Name of Medical Attendant,* or other Person who makes this Return. Miss Anna Hennigh

*Address* 22 Preston St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19071

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

JUN 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Female - |
| *2. Race or Color (if not of the white race)* | ~~White~~ Colored |
| *3. Date of Birth* | June 25th 1877 |
| *4. Place of Birth (Street and Number)* | 36 King st |
| *5. Full Name of Mother* | Anna Lee |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | N Carolina |
| *8. Full Name of Father* | Joseph Lee |
| *9 Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | J Harvey Hill M.D. |
| *Address* | 119 Edmondson Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19072

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 25 1877

*4. Place of Birth (Street and Number)* 2003 hudson st

*5. Full Name of Mother* marrget / [illegible]

*6. Mother's Maiden Name* marrget / snow

*7. Mother's Birthplace* virginia

*8. Full Name of Father* william [illegible]

*9. Father's Occupation* laborer

*10. Father's Birthplace* virginia

*Name of Medical Attendant,* or other Person who makes this Return. Rachel ann garrett

*Address* 433 alice ann [illegible]

*Remarks*

19073

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Mallard

*3. Date of Birth* June 25 1877

*4. Place of Birth (Street and Number)* 166 Sabaty St

*5. Full Name of Mother*

*6. Mother's Maiden Name* Susan Johnson

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Peter Taylor

*9. Father's Occupation* Labour

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Chollattee Warren

*Address* 258 West Sabaty St

*Remarks* The Cause of death was from the Mother Poker Working her self

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19074

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. Sex (state whether ~~Male or~~ Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 4h 30m A.M. 25th June, 1877.
4. Place of Birth (Street and Number) 3. Parkin St - Baltimore City
5. Full Name of Mother Mary Elizabeth Purcell
6. Mother's Maiden Name Mary Elizabeth White
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Kemp Purcell
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. I. Worth M.D.

Address 83 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19075

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 25th of June 1877. |
| *4. Place of Birth (Street and Number)* | 316 John St |
| *5. Full Name of Mother* | [illegible] |
| *6. Mother's Maiden Name* | [illegible] |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | [illegible] |
| *9. Father's Occupation* | Druggist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | [illegible] |
| *Address* | [illegible] |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19075

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 26 of June 1876 |
| *4. Place of Birth (Street and Number)* | 282 Gought street |
| *5. Full Name of Mother* | Margratta Rupp |
| *6. Mother's Maiden Name* | Margratta Goldbeck |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Rupp |
| *9. Father's Occupation* | Coopenter |
| *10. Father's Birthplace* | Petterburg Pa |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park avenue |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19076

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 26 1877
4. *Place of Birth (Street and Number)* Baltimore No 132 Calvert St
5. *Full Name of Mother* Mary Black
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Wm Black
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dorsey

*Address* No 83 Oxford St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19077

HEALTH DEPARTMENT
JUL 2 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 26. 77 |
| *4. Place of Birth (Street and Number)* | 163 N Lombard St (Maternity) |
| *5. Full Name of Mother* | Lizzie Levy |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Unknown |
| *9. Father's Occupation* | — |
| *10. Father's Birthplace* | — |
| *Name of Medical Attendant, or other Person who makes this Return.* | Thomas Opie M D |
| *Address* | 396 N Eutaw |
| *Remarks* | |

19078

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 26th 1877 |
| *4. Place of Birth (Street and Number)* | No 24 Wolf St |
| *5. Full Name of Mother* | Mary Fetzner |
| *6. Mother's Maiden Name* | " " Shiener |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Tobias Fetzner |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Oetzke |
| *Address* | No 55 S. Bond St |
| *Remarks* | Balto Md |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19079

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th June
4. *Place of Birth (Street and Number)* 42 Portland St.
5. *Full Name of Mother* Kate Deikemiller
6. *Mother's Maiden Name* Kate Engelhaupht
7. *Mother's Birthplace* Baltimore. M.D.
8. *Full Name of Father* John Deikemiller
9. *Father's Occupation* Confeeanar
10. *Father's Birthplace* Germany Jacks Weamer

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Amer Lumber 60 Schorler

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19080

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9/4

*1. Sex (state whether Male or Female).* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 26th 1877

*4. Place of Birth (Street and Number)* No 1 Gonvale St.

*5. Full Name of Mother* Maggie Tabeling

*6. Mother's Maiden Name* Maggie Decker

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Gerhard Tabeling

*9. Father's Occupation* Carlor

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist

*Address* No 1 82 Monument St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19081

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 26th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Boyd. St. No. 90 |
| *5. Full Name of Mother* | Sarah Moastin |
| *6. Mother's Maiden Name* | Sarah Connor |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Moartin |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. C. Mitchell |
| *Address* | No. 122 Parkin st |
| *Remarks* | |

19082

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 26th 1877 |
| *4. Place of Birth (Street and Number)* | No 325 S. Charles st. |
| *5. Full Name of Mother* | Elisabeth Müller |
| *6. Mother's Maiden Name* | Shumann |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | George Müller |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germaney |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19083

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d. |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 26th 1877. |
| *4. Place of Birth (Street and Number)* | 446 Eutaw St. |
| *5. Full Name of Mother* | Anna Benmann |
| *6. Mother's Maiden Name* | A. Ostertag |
| *7. Mother's Birthplace* | Bavarian German |
| *8. Full Name of Father* | John Benmann |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Wurtemburg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wendel |
| *Address* | 516 Paca St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19084

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 28 1877 BALTIMORE

*No. of Child of Mother,* (~~*state whether 1st*~~, *2d,* ~~*3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* June 26 '77.
4. *Place of Birth (Street and Number)* 61, Frederick Ave,
5. *Full Name of Mother* Mary Ann Snowden,
6. *Mother's Maiden Name* Mary Ann Riley,
7. *Mother's Birthplace* Balto City,
8. *Full Name of Father* Wilbur L. Snowden,
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Columbus, Ohio,

*Name of Medical Attendant,* or other Person who makes this Return. John S. R. Stroyer M.D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19085

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1te Kind

1. *Sex* (state whether Male or Female) Weibl Mädchen
2. *Race or Color* (if not of the white race) Weiß
3. *Date of Birth* geboren Jan 26. June
4. *Place of Birth* (Street and Number) 138 Eastern Ave
5. *Full Name of Mother* Mary Diesler
6. *Mother's Maiden Name* Mary Weidtner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Schoen Diesler
9. *Father's Occupation* Kuper
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Friederike Kaufmann

*Address* No 178 Corner of Dallas und Eastern Ave

*Remarks* Hemme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18854

19086

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | third |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 26th of June |
| *4. Place of Birth (Street and Number)* | 334 Capt. Fayette st |
| *5. Full Name of Mother* | Mary A Atwell |
| *6. Mother's Maiden Name* | Lee |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Stephen A Atwell |
| *9. Father's Occupation* | Singer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Atwell |
| *Address* | 286 N Sarah st |
| *Remarks* | The child died in convulsions three hours after birth |

M. Fay

Mary A Atwell

Balto City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19087

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 26th 1877 |
| *4. Place of Birth (Street and Number)* | 67 E. Fayette St |
| *5. Full Name of Mother* | Elizabeth R. Boston |
| *6. Mother's Maiden Name* | " " Leatherbury |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Jacob W. Boston |
| *9. Father's Occupation* | Tin Smith |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charles H. Thomas, M.D. |
| *Address* | 85 E. Baltimore St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19088

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 26th 1877 |
| *4. Place of Birth (Street and Number)* | 239 Forest St |
| *5. Full Name of Mother* | Rosa Pfeffer |
| *6. Mother's Maiden Name* | Rosa Riley |
| *7. Mother's Birthplace* | Balto. Md. |
| *8. Full Name of Father* | Charles Pfeffer |
| *9 Father's Occupation* | Soldier |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Silas W. Hamilton M.D. |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19089

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 26 June |
| *4. Place of Birth (Street and Number)* | 35 Penn St |
| *5. Full Name of Mother* | Maggie Heit |
| *6. Mother's Maiden Name* | Pennidelton |
| *7. Mother's Birthplace* | Ben Fredrick County |
| *8. Full Name of Father* | Joseph Heit |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gray Kross |
| *Address* | 328 S Eutaw St |
| *Remarks-* | |

# RETURN OF A BIRTH.

19090

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | No. 7 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 26th 1897 |
| *4. Place of Birth (Street and Number)* | 730 N. Gay St |
| *5. Full Name of Mother* | Margaret Shaw |
| *6. Mother's Maiden Name* | " Acres |
| *7. Mother's Birthplace* | Eastern Shore Md |
| *8. Full Name of Father* | Robert Henry Shaw |
| *9. Father's Occupation* | Restaurant Keeper |
| *10. Father's Birthplace* | Eastern Shore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Geo H Mayer |
| *Address* | 18 Augusta Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19091

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Third |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | June 26/77 |
| 4. *Place of Birth* (Street and Number) | 1 Lemon Court |
| 5. *Full Name of Mother* | Katherine M. Schultz |
| 6. *Mother's Maiden Name* | Katherine M. Gatos |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Peter Schultz |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. Sinclair |
| *Address* | |
| *Remarks* | |

19092

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 27th. 1877

*4. Place of Birth (Street and Number)* 1072 E. Orleans Street

*5. Full Name of Mother* Mary Walter.

*6. Mother's Maiden Name* Mary Sella.

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* George J. Walter

*9. Father's Occupation* Book Keeper

*10. Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No. 181 N. Central av. 1 doors South of Monument

*Remarks* Turble.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19093

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1877 BALTIMORE

Name Francis Dorbert

of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) White

Date of Birth 27 Imy (June) 1877

Place of Birth (Street and Number) 26 Bradford Street

Full Name of Mother Kinny Dorbert Cunigunda Dorbert

Mother's Maiden Name Kinny Heim Heim

Mother's Birthplace Bamberg Germany

Full Name of Father Frank Dorbert

Father's Occupation Carpenter

Father's Birthplace Bamberg Germany

Name of Medical Attendant, or other Person who makes this Return. Cerhetta [illegible]

Address Mc Albery Street Exeter

Remarks Helty

# RETURN OF A BIRTH.

19094

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Sixth |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | June 27th 1877 |
| 4. Place of Birth (Street and Number) | 301 Columbia Ave |
| 5. Full Name of Mother | Maggie Kemper |
| 6. Mother's Maiden Name | Maggie Walling |
| 7. Mother's Birthplace | Balto Mo |
| 8. Full Name of Father | John Kemper |
| 9. Father's Occupation | Clerk |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Maria Goodman |
| Address | |
| Remarks | |

physician, accoucheur, mid... other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19095

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 6 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 dt

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Color
3. Date of Birth 27th June 1877
4. Place of Birth (Street and Number) howard St 109
5. Full Name of Mother G. a addson
6. Mother's Maiden Name G. d. Grue
7. Mother's Birthplace northe homtom Co. Va.
8. Full Name of Father Edard addson
9. Father's Occupation Sabor
10. Father's Birthplace avanac Co. Va.

Name of Medical Attendant, or other Person who makes this Return. mary Bevens

Address homburg Street 209 Balto

Remarks very well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19096

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 27th 1877 |
| *4. Place of Birth (Street and Number)* | No 1 S. Chapel st. |
| *5. Full Name of Mother* | Mary Doerfler |
| *6. Mother's Maiden Name* | " Ferner |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Michael Doerfler |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabethe Buschmann |
| *Address* | 120 Bank st |
| *Remarks* | |

19097

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | June 27th 1877. |
| *4. Place of Birth (Street and Number)* | N. W. Cor. Ann & Chew. |
| *5. Full Name of Mother* | Mary Steindle. |
| *6. Mother's Maiden Name* | Mary Smith. |
| *7. Mother's Birthplace* | Baltimore. Md. |
| *8. Full Name of Father* | John Steindle. |
| *9. Father's Occupation* | Restaurateur. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | W. B. Reilly. M. D. |
| *Address* | 235 N. Broadway. |
| *Remarks* | |

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19098

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 27 June |
| *4. Place of Birth (Street and Number)* | 115 Eager St |
| *5. Full Name of Mother* | ~~Elizabeth~~ Annie Dougherty |
| *6. Mother's Maiden Name* | White |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Thomas Dougherty |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula J Chrisman |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19099

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6ts Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. the. 27. 1877
4. *Place of Birth (Street and Number)* S. Eden St. No. 167
5. *Full Name of Mother* Elisabetha Hammen
6. *Mother's Maiden Name* Elisabetha Bernhard
7. *Mother's Birthplace* Seighausen, H. Preussen. Germany
8. *Full Name of Father* Lanzud Hammen
9. *Father's Occupation* Organ Builder
10. *Father's Birthplace* Lansenweiler, H. Preussen. Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Müller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19100

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
28
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Jany 27. 1877
4. *Place of Birth* (Street and Number) 0 Monument St No 502
5. *Full Name of Mother* Elisabeth Bach
6. *Mother's Maiden Name* Elisabeth Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Bach
9. *Father's Occupation* Brick Worker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Braunbach

*Address* South Wolfe St No 28

*Remarks* Mid Wife

19101

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 29 1877

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Site |
| *3. Date of Birth* | 27 June |
| *4. Place of Birth (Street and Number)* | 12 Market Space Balt. |
| *5. Full Name of Mother* | Mrs. Anna Mary Gorman |
| *6. Mother's Maiden Name* | Anna Mary Senft |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles Baird Gorman |
| *9. Father's Occupation* | Printer |
| *10. Father's Birthplace* | Germantown Penn. |

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Lewelson Weiß Friedrichsstraße No 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19102

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPT. JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1ster Sind |
| *1. Sex (state whether Male or Female)* | ~~Weiß~~ Knabe |
| *2. Race or Color (if not of the white race)* | Weiß |
| *3. Date of Birth* | geboren den 27ten June |
| *4. Place of Birth (Street and Number)* | No 184 Canton Ave |
| *5. Full Name of Mother* | Annetta |
| *6. Mother's Maiden Name* | Mary E. Lutz |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Johann Tiemeyer |
| *9. Father's Occupation* | Metzger |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Friedrich Kaufmann |
| *Address* | No 178 Corner of Dallas und Eastern Ave |
| *Remarks* | Hebamme |

19103

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27th of June
4. *Place of Birth (Street and Number)* Hunters Court No. number
5. *Full Name of Mother* Mary Boy
6. *Mother's Maiden Name* " Dolan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Boy
9. *Father's Occupation* Porter
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity; and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19104

HEALTH DEPARTMENT
JUL 11 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Male 1d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colered
3. *Date of Birth* June th 27 1877
4. *Place of Birth (Street and Number)* Baltimore No 39 Walnut Alley
5. *Full Name of Mother* Ruth Ann Jackson
6. *Mother's Maiden Name* Batty
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* John Jackson
9. *Father's Occupation* Carter
10. *Father's Birthplace* State of Vaginnia

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mary A Dorsey

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19105

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

JUL 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 27th 1877 |
| *4. Place of Birth (Street and Number)* | 238 Linden Ave |
| *5. Full Name of Mother* | Alice Virginia Maslin |
| *6. Mother's Maiden Name* | " " McConkey |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William H. Maslin |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Monroeville Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | O. L. Williams |
| *Address* | 201 Madison Ave |
| *Remarks* | |

19106

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 27th 1877
4. *Place of Birth (Street and Number)* N 125 Park Ave
5. *Full Name of Mother* Jane McCann
6. *Mother's Maiden Name* Jane Rielly
7. *Mother's Birthplace* County Meath Ireland
8. *Full Name of Father* John McCann
9. *Father's Occupation* Hackman
10. *Father's Birthplace* County Monaghan Ireland

*Name of Medical Attendant,* or other Person who makes this Return. F E Chatard MD

*Address* N 114 Park Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19107

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 27 1877 |
| *4. Place of Birth (Street and Number)* | No 263 Hill St |
| *5. Full Name of Mother* | Ellenora Roberts |
| *6. Mother's Maiden Name* | Ellenora Pritchett |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | John Roberts |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Noble Md |
| *Address* | 17 Warren Av |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19105

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 27. |
| *4. Place of Birth (Street and Number)* | 41 Druid Hill Ave |
| *5. Full Name of Mother* | Sarah Roach |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Balto. County |
| *8. Full Name of Father* | Samuel Smith |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Balto. County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Leo L. Rice MD |
| *Address* | 37 Druid Hill Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19109

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 28th of June 1877 |
| *4. Place of Birth (Street and Number)* | No. 29 South Gist St. |
| *5. Full Name of Mother* | Rosa Sarah McConkey |
| *6. Mother's Maiden Name* | " " Stockdale |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Thomas Johnson McConkey |
| *9. Father's Occupation* | Book Keeper |
| *10. Father's Birthplace* | Georgetown D.C. |
| *Name of Medical Attendant, or other Person who makes this Return.* | E. P. Irons |
| *Address* | No. 406 E. Balto. St. |
| *Remarks* | |

# RETURN OF A BIRTH.

1910

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE

| | |
|---|---|
| of Child of Mother (state whether 1st, 2d, 3d, &c.) | 5th |
| Sex (state whether Male or Female) | Male |
| Race or Color (if not of the white race) | White |
| Date of Birth | 28th June |
| Place of Birth (Street and Number) | 6 Chase St. near Gay. Balto. City |
| Full Name of Mother | Hannah. A. Bright |
| Mother's Maiden Name | Hannah. A. Barnes |
| Mother's Birthplace | Baltimore City |
| Full Name of Father | Thomas. Bright |
| Father's Occupation | Salesman |
| Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | Hannah. E. Knowles |
| Address | 212 Eastern. Avenue |
| Remarks | |

# RETURN OF A BIRTH.

19111

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The Fairst child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Color child |
| *3. Date of Birth* | Thursday June 28th |
| *4. Place of Birth (Street and Number)* | No 43 Walker st |
| *5. Full Name of Mother* | Mary Lizzie addison |
| *6. Mother's Maiden Name* | Mary Lizzie Lee |
| *7. Mother's Birthplace* | Baltimore city |
| *8. Full Name of Father* | Edmond Addison |
| *9. Father's Occupation* | Garter |
| *10. Father's Birthplace* | Baltimore Countty |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Catharine Realy |
| *Address* | No 44 Walker St |
| *Remarks* | none |

But any physician, accoucheur, midwife, or other person in charge, who shall assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19112

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st,

*1. Sex (state whether Male or Female)* Female,

*2. Race or Color (if not of the white race)*

*3. Date of Birth* June 28, 1877,

*4. Place of Birth (Street and Number)* 103 Argyle ave,

*5. Full Name of Mother* Mary Livonia Ludwig,

*6. Mother's Maiden Name* Disney,

*7. Mother's Birthplace* Baltimore,

*8. Full Name of Father* William F. Ludwig,

*9 Father's Occupation* Shoemaker,

*10. Father's Birthplace* Pennsylvania,

*Name of Medical Attendant,* or other Person who makes this Return. Dr W. P. Morgan

*Address* 175 Saratoga St.,

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19113

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
3
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 28th 1877 |
| *4. Place of Birth (Street and Number)* | N 55 Aisquith St. |
| *5. Full Name of Mother* | Mary Brown |
| *6. Mother's Maiden Name* | Mary Burton |
| *7. Mother's Birthplace* | Washington D.C. |
| *8. Full Name of Father* | Wm Brown |
| *9. Father's Occupation* | Brick Mason |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | Saml J Powell MD |
| *Address* | N 29 Aisquith St |
| *Remarks* | |

19114

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 3 1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | June 28th 1877. |
| *4. Place of Birth (Street and Number)* | 388 N. Fremont St. |
| *5. Full Name of Mother* | Elizabeth A. Morfit. |
| *6. Mother's Maiden Name* | Elizabeth A. Garrett |
| *7. Mother's Birthplace* | Goldsborough N.C. |
| *8. Full Name of Father* | Mason Morfit. |
| *9. Father's Occupation* | Merchant. |
| *10. Father's Birthplace* | Washington D.C. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. F. Powell M.D. |
| *Address* | 224 Cathedral St |
| *Remarks* | Child Healthy |

19115

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 28th 1877 |
| *4. Place of Birth (Street and Number)* | 1 1/2 William St |
| *5. Full Name of Mother* | Augusta Kirkwood |
| *6. Mother's Maiden Name* | Augusta Shipe |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | W H Kirkwood |
| *9. Father's Occupation* | Fish Huckster |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore [illegible] |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19116

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 5 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) Snowhill.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* June. 28. 1877
4. *Place of Birth* (Street and Number) Baltimore City. No. 113. N. Spring. Street
5. *Full Name of Mother* Lizzie. Baron.
6. *Mother's Maiden Name* Lizzie. Dennis.
7. *Mother's Birthplace* Snowhill.
8. *Full Name of Father* Wm C. Baron.
9. *Father's Occupation* Contractor in Sand Business.
10. *Father's Birthplace* Baltimore County.

*Name of Medical Attendant*, or other Person who makes this Return. Sophia. Hines. 135 Chestnut St

*Address* 135. Chestnut. St.

*Remarks*

# RETURN OF A BIRTH.

1911 7

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | June 28th 1877 |
| *4. Place of Birth (Street and Number)* | 140 Chestnut St Baltimore |
| *5. Full Name of Mother* | Mary Caroline Adams |
| *6. Mother's Maiden Name* | Mary Caroline Joyce |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Joseph Alexis Adams Jr. |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Sophia Hines |
| *Address* | No 135 Chestnut St City |
| *Remarks* | |

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19118

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1. th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | color |
| *3. Date of Birth* | 28 th June 1877 |
| *4. Place of Birth (Street and Number)* | peach alley 41 |
| *5. Full Name of Mother* | lucy howard |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Kent. Co. Md. |
| *8. Full Name of Father* | henry howard |
| *9. Father's Occupation* | Oyster in a druggist |
| *10. Father's Birthplace* | Kent. Co. Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | mary Devon |
| *Address* | 209 hamburg St. E Balto |
| *Remarks* | very well |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19119

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* June 28th 877

4. *Place of Birth (Street and Number)* 120 Bank st

5. *Full Name of Mother* Catherine Horn

6. *Mother's Maiden Name* Distler

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Adam Horn

9. *Father's Occupation* Cooper

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buchmann

*Address* 120 Bank st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19120

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 28th 1877 |
| *4. Place of Birth (Street and Number)* | No 1446 Chapstank st |
| *5. Full Name of Mother* | Adelaide Maggeretha Mangetz |
| *6. Mother's Maiden Name* | " " Hashagen |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Heinrich Mangetz |
| *9. Father's Occupation* | Rigger |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19121

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 28/77 |
| *4. Place of Birth (Street and Number)* | 135 S. Edin st. |
| *5. Full Name of Mother* | Mary Glass |
| *6. Mother's Maiden Name* | " Stockman |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Glass |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M.D. |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19122

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 28th 1877 |
| *4. Place of Birth (Street and Number)* | 110 German St. |
| *5. Full Name of Mother* | Margaretha Barler |
| *6. Mother's Maiden Name* | M. Kirchling |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | John Barler |
| *9. Father's Occupation* | Chairman Store |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 East St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 1912 23

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 25th 77 |
| *4. Place of Birth (Street and Number)* | 238 N. Gay st. |
| *5. Full Name of Mother* | Maggie Morrow |
| *6. Mother's Maiden Name* | Maggie Le Alden |
| *7. Mother's Birthplace* | Balt Md |
| *8. Full Name of Father* | Wm H. Morrow |
| *9. Father's Occupation* | Canvasser in Chromos. |
| *10. Father's Birthplace* | Balt Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | John H. Conner |
| *Address* | 286 E. Balt. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19124

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the fourth child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | the 28 of June |
| *4. Place of Birth (Street and Number)* | 345 North dorham st |
| *5. Full Name of Mother* | bridget of Horrigan |
| *6. Mother's Maiden Name* | Fevell |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Timothy horrigan |
| *9. Father's Occupation* | Laborde |
| *10. Father's Birthplace* | Irland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Ulwell |
| *Address* | 281 Mc Donogh st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19125

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 28 1877
4. *Place of Birth (Street and Number)* 31 Oxford Street
5. *Full Name of Mother* Kate Fay
6. *Mother's Maiden Name* Kate Rollins
7. *Mother's Birthplace* Woodstock West A Pa
8. *Full Name of Father* Charles Fay
9. *Father's Occupation* Ed Cochman
10. *Father's Birthplace* Ristorstown Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bordley Doctress

*Address* 85 Orchard Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19126

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 3d |
| *1. Sex* (*state whether Male or Female*) | M. |
| *2. Race or Color* (*if not of the white race*) | W. |
| *3. Date of Birth* | June 29. 77 |
| *4. Place of Birth* (*Street and Number*) | 313 N. Eden St. |
| *5. Full Name of Mother* | Virginia |
| *6. Mother's Maiden Name* | Barker |
| *7. Mother's Birthplace* | Balt Co. |
| *8. Full Name of Father* | Robt A. Register |
| *9. Father's Occupation* | Bell & Brass Founder |
| *10. Father's Birthplace* | Balt |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. T. Reynolds Jr |
| *Address* | 186 Aisquith St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19127

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
9
1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 29th 1877
4. *Place of Birth* (Street and Number) 711 W. Fayette St.
5. *Full Name of Mother* Virginia Mason.
6. *Mother's Maiden Name* — Gilmore
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Charles E. Mason.
9. *Father's Occupation* Book-Keeper.
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant*, or other Person who makes this Return. J. Walton White, M. D.

*Address* 67 W. Gilmor St.

*Remarks*

# RETURN OF A BIRTH.

1928

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 6 Children |
| *1. Sex* (state whether Male or Female) | Male Child |
| *2. Race or Color* (if not of the white race) | Brown Skin |
| *3. Date of Birth* | 29 of June |
| *4. Place of Birth* (Street and Number) | Sterling st No 19 |
| *5. Full Name of Mother* | Lidy Smith |
| *6. Mother's Maiden Name* | Lidy Swiney |
| *7. Mother's Birthplace* | Talbot County |
| *8. Full Name of Father* | Charles Haney |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Easton Shore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mid wife Harriet |
| *Address* | Britton 84 Mullikin |
| *Remarks* | 25 |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19129

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Colored Sort

*3. Date of Birth* June 29 18 77

*4. Place of Birth (Street and Number)* Durham St 93

*5. Full Name of Mother* Mal bey Bad by

*6. Mother's Maiden Name* Mag ey Bad by

*7. Mother's Birthplace* Har ford b the D

*8. Full Name of Father* Wil bey Hall

*9. Father's Occupation* Durham St

*10. Father's Birthplace* Har ford b dl D

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Eliz zia beth foal mid wife

*Remarks* Yung bel

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19130

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| *1. Sex (state whether Male or Female)* | Male, |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 29 " 77 |
| *4. Place of Birth (Street and Number)* | 86 Grindell St |
| *5. Full Name of Mother* | Mary C. Winter, |
| *6. Mother's Maiden Name* | " " Arnold |
| *7. Mother's Birthplace* | Balto. City, |
| *8. Full Name of Father* | Fred'k C. Winter, |
| *9. Father's Occupation* | Cannmaker, |
| *10. Father's Birthplace* | Balto City, |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. H. Tall, M.D. |
| *Address* | 1508 N. Sharp St |
| *Remarks* | Chicken Pox — |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19131

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 29th 1877. |
| *4. Place of Birth (Street and Number)* | No 137 N. Eden. St. |
| *5. Full Name of Mother* | Anney Hubbard. |
| *6. Mother's Maiden Name* | Anney Connelly. |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Hubbard |
| *9. Father's Occupation* | Brick Layer. |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Walker |
| *Address* | 125 N. Caroline. |
| *Remarks* | |

19132

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* Friday June. 29. 1877.

*4. Place of Birth (Street and Number)* No 220 West St Balto Md.

*5. Full Name of Mother* Mrs Josvene. Heuse.

*6. Mother's Maiden Name* " Brown.

*7. Mother's Birthplace* Dorchester. County. Md.

*8. Full Name of Father* Mrs. James. Heuse.

*9. Father's Occupation* White Washer.

*10. Father's Birthplace* Dorchester County Md.

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Dwyer. Cor Hill & Howard.

*Address*

*Remarks* The Child. is. Will

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19133

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
6
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Dark chestnut
3. *Date of Birth* June 29th 1877
4. *Place of Birth (Street and Number)* Peach alley
5. *Full Name of Mother* Malinda Lunn
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Dont Know
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dont Know

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Griffin

*Address* No 13 Ohio Avenue

*Remarks*

**Fee: Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

191311

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wht |
| *3. Date of Birth* | 27 of Jun |
| *4. Place of Birth (Street and Number)* | Harvard St. # 170 |
| *5. Full Name of Mother* | Sallie Nixon |
| *6. Mother's Maiden Name* | Sallie Jefferson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jacob Nixon |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Scotland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Martin |
| *Address* | West St # 125 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19135

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 29th 1877 |
| *4. Place of Birth (Street and Number)* | N 261 S Wolfe st |
| *5. Full Name of Mother* | Katherine Hoffmann |
| *6. Mother's Maiden Name* | Albert |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | George Hoffmann |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank str. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19136

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 29th |
| *4. Place of Birth (Street and Number)* | Fort ave near Lemmon St |
| *5. Full Name of Mother* | Minnie Rehstock |
| *6. Mother's Maiden Name* | Minnie Stuckel |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | [redacted] Charles Rehstock |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

**Fee: Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19137

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | June 29/77 |
| *4. Place of Birth (Street and Number)* | 79 S. Ann |
| *5. Full Name of Mother* | Ina Bell Sugar |
| *6. Mother's Maiden Name* | " " Frank |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Sugar |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Talbot Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M. D. |
| *Address* | |
| *Remarks* | |

19138

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the third child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 29 of June |
| *4. Place of Birth (Street and Number)* | 103 Washington st |
| *5. Full Name of Mother* | Palestein bell |
| *6. Mother's Maiden Name* | bradley |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Samuel Bell |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 286 Mt Vernon st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19139.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | No. 7. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 29th June 1877 |
| *4. Place of Birth (Street and Number)* | #371 N. Central Ave. |
| *5. Full Name of Mother* | Mary Virginia Livingstone |
| *6. Mother's Maiden Name* | " Gardiner |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | William Edwin Livingstone |
| *9. Father's Occupation* | Salesman |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Geo H Rayer |
| *Address* | #18 Fifteenth St |
| *Remarks* | |

**Duplicate Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19140

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 29th June

4. *Place of Birth (Street and Number)* 911 Federal St

5. *Full Name of Mother* Ellen Riley

6. *Mother's Maiden Name* Whitley

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph Riley

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Pennsylvania

*Name of Medical Attendant, or other Person who makes this Return.* Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

**Feet Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19141

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 19 1917 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 29 1914
4. *Place of Birth (Street and Number)* 22 Little monument Street
5. *Full Name of Mother* Martha. West
6. *Mother's Maiden Name* Martha Watson
7. *Mother's Birthplace* Accomac County Maryland
8. *Full Name of Father* William West
9. *Father's Occupation* Lalor
10. *Father's Birthplace* East shore Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Hester Bradley Doctress

*Address* 83 Richard Street

*Remarks*

# RETURN OF A BIRTH.

19142

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 30 1877
4. *Place of Birth (Street and Number)* Baltimore No 92 Arch St
5. *Full Name of Mother* George A Carter
6. *Mother's Maiden Name* Pennington
7. *Mother's Birthplace* Talbot Co Md
8. *Full Name of Father* Champin Carter
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Lynchburg Va

*Name of Medical Attendant, or other Person who makes this Return.* Mary A Dorsey

*Address*

*Remarks* —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19143

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 30th 1877
4. *Place of Birth (Street and Number)* No 148 Leadenhall st
5. *Full Name of Mother* Idie Dixson
6. *Mother's Maiden Name* Idie Sorde
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Saul Dixson
9. *Father's Occupation* Basket Maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 29 Elizebeth Lane

*Remarks*

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1911 11

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | Colored. |
| 3. *Date of Birth* | June. 30 10.30 P.M. |
| 4. *Place of Birth (Street and Number)* | Eden St. |
| 5. *Full Name of Mother* | Sarah Moore |
| 6. *Mother's Maiden Name* | " Wiggins |
| 7. *Mother's Birthplace* | Maryland U.S. |
| 8. *Full Name of Father* | Parkins Moore |
| 9. *Father's Occupation* | Seaman. |
| 10. *Father's Birthplace* | Northumberland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Wiggins |
| *Address* | 63. Mulliken St |
| *Remarks* | None |

# RETURN OF A BIRTH.

19145

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12 child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Jun 30, 877

*4. Place of Birth (Street and Number)* 33 porte st

*5. Full Name of Mother* mary schach

*6. Mother's Maiden Name* mary snider

*7. Mother's Birthplace* germany

*8. Full Name of Father* frank schach

*9. Father's Occupation* laborer

*10. Father's Birthplace* germany

*Name of Medical Attendant,* or other Person who makes this Return. Rachel a garrett

*Address* 433 [illegible] st

*Remarks*

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1914-6

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 30 1817
4. *Place of Birth (Street and Number)* 115 E Baltimore St.
5. *Full Name of Mother* Marie Hoffbein
6. *Mother's Maiden Name* M. Sink
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Friedrich Hohlbein
9. *Father's Occupation* Barber
10. *Father's Birthplace* Amerika

*Name of Medical Attendant,* or other Person who makes this Return. M. K. Budiger

*Address* 134 N. Bondstr

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19147

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30 of June
4. Place of Birth (Street and Number) Sommerset St No. 36
5. Full Name of Mother Kate Ranert
6. Mother's Maiden Name Krate Drakeser
7. Mother's Birthplace Baltimore
8. Full Name of Father Jonne Drakeser
9. Father's Occupation Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer

Remarks 173 Herfert. ave.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19148

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* Weiblich

*2. Race or Color (if not of the white race)* Weiß

*3. Date of Birth* 30 Juni

*4. Place of Birth (Street and Number)* 256 Gaunert Strasse

*5. Full Name of Mother* Margreta ~~Rehn~~ Schwellenberg

*6. Mother's Maiden Name* M Rehn

*7. Mother's Birthplace* Deutschland

*8. Full Name of Father* Johan Schwellenberg

*9. Father's Occupation* Kupper

*10. Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Lathime Munch

*Address* 74 Leatenhall Strasse

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19148 '12

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June th 30 " 1877 |
| 4. *Place of Birth (Street and Number)* | 256 Howard Street |
| 5. *Full Name of Mother* | Margaretha Schwollenberg |
| 6. *Mother's Maiden Name* | " " Reke |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | John Schwollenberg |
| 9. *Father's Occupation* | Cooper |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Müneth |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19149

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Birth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 30th 87
4. *Place of Birth (Street and Number)* 398 Hall St [illegible]
5. *Full Name of Mother* Martha [illegible]
6. *Mother's Maiden Name* Martha [illegible] Clinton
7. *Mother's Birthplace* Sarnish Co.
8. *Full Name of Father* John [illegible]
9. *Father's Occupation* Picture & Looking glass Mfr.
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Lauben Reiß, Hebamme

*Address* No. [illegible] Friedrichstadt

*Remarks*

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19150

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUN 25 1917 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

19151

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 30th 1877. |
| *4. Place of Birth (Street and Number)* | No. 256. N. Bond St. |
| *5. Full Name of Mother* | Louisa Wise |
| *6. Mother's Maiden Name* | Louisa Thinder. |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Henry Wise |
| *9. Father's Occupation* | Baker. |
| *10. Father's Birthplace* | Wurtemburg, Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. M. A. Butt. |
| *Address* | No 181 N. Central av. 3 doors. South of Monument |
| *Remarks* | All Well. |

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19152

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 30 of June |
| *4. Place of Birth (Street and Number)* | 408 Eager st |
| *5. Full Name of Mother* | Henrietta, Bell |
| *6. Mother's Maiden Name* | Reece |
| *7. Mother's Birthplace* | Pensylvania |
| *8. Full Name of Father* | William Bell |
| *9. Father's Occupation* | Bookkeeper |
| *10. Father's Birthplace* | New york |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 271 N Tonoyh st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19153

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Wind

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Negro

*3. Date of Birth* Saturday June 30th 1877

*4. Place of Birth (Street and Number)* 28 St Paul St

*5. Full Name of Mother* Mary Agnes Wright

*6. Mother's Maiden Name* Mary H Blaine

*7. Mother's Birthplace* Baltimore Maryland

*8. Full Name of Father* Calvin Wright

*9. Father's Occupation* Waiter

*10. Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. E Goddings Wales M.D.

*Address* 51 N. Calvert St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19154

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* June 30th 1877

*4. Place of Birth (Street and Number)* 264 St Paul st

*5. Full Name of Mother* Hannah Maria Bayley

*6. Mother's Maiden Name* " " Levering

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* George Bayley

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. James A Stewart M.D.

*Address* 93 Park ave. Balt

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19155

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT, JUL 9 1917 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 Child |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | 30 June 1917 |
| *4. Place of Birth (Street and Number)* | 204 West St |
| *5. Full Name of Mother* | Ellen Webb |
| *6. Mother's Maiden Name* | Ellen Henry |
| *7. Mother's Birthplace* | Baltimore md |
| *8. Full Name of Father* | John Robert Webb |
| *9. Father's Occupation* | Labour |
| *10. Father's Birthplace* | Linton Caroline County |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | Henry Gadney |
| *Remarks* | No Complications |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19156

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 30 th of June

*4. Place of Birth (Street and Number)* 13 Hubson Alley.

*5. Full Name of Mother* Mary Ann Curran

*6. Mother's Maiden Name* Colburn

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* James Curran

*9. Father's Occupation* Coachman

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19157

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd child |
| *1. Sex (state whether Male or Female)* | male child |
| *2. Race or Color (if not of the white race)* | colored |
| *3. Date of Birth* | 30th of June |
| *4. Place of Birth (Street and Number)* | 106 plum ally |
| *5. Full Name of Mother* | cornelia wachins |
| *6. Mother's Maiden Name* | cornelia wachins |
| *7. Mother's Birthplace* | va |
| *8. Full Name of Father* | henry johnson |
| *9. Father's Occupation* | labour |
| *10. Father's Birthplace* | virgennia |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | no 4 pa pts co avenue |
| *Remarks* | pelthy child |

19158

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* [illegible]

*3. Date of Birth* [illegible]

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* [illegible]

*8. Full Name of Father* [illegible]

*9. Father's Occupation* [illegible]

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19159

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 30 1914
4. *Place of Birth (Street and Number)* 68 Pierce Street
5. *Full Name of Mother* Harriett Lynn
6. *Mother's Maiden Name* Harriett Bolt
7. *Mother's Birthplace* Dummerset County Maryland
8. *Full Name of Father* Marshall Lynn
9. *Father's Occupation* Musician
10. *Father's Birthplace* Lancheston Pennsylvania

*Name of Medical Attendant, or other Person who makes this Return.* Hester Bowley Doctress

*Address* 85 Orchard Street

*Remarks*

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19160

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | June 30th 1877 |
| *4. Place of Birth (Street and Number)* | No. 112 E. Madison St. |
| *5. Full Name of Mother* | Sophia Pilgkamp. |
| *6. Mother's Maiden Name* | Sophia Pfluecke. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Herman Pilgkamp. |
| *9. Father's Occupation* | Carriage & Wagon Manufacturer. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr. Hilligist. |
| *Address* | No. 182 E. Monument St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19164

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | June 30th 1877. |
| *4. Place of Birth (Street and Number)* | No. 300 E. Chase St. |
| *5. Full Name of Mother* | Caroline Pees. |
| *6. Mother's Maiden Name* | Caroline Bader. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Henry Pees. |
| *9. Father's Occupation* | Cashier of the German Bank of Balto. |
| *10. Father's Birthplace* | Germany. |
| *Name of [redacted] Attendant,* or other Person who makes this Return. | Dena Heilegeist. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | — |

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19162

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 1 of July
4. Place of Birth (Street and Number) 463 Asquith St.
5. Full Name of Mother
6. Mother's Maiden Name Maria Katherine Kelly
7. Mother's Birthplace ~~Crown~~ on Baltimore
8. Full Name of Father Jakob Clarmam
9. Father's Occupation Courier
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. 7 Months Cild 3 hours old

Address Dorothea Pfarr Midwife N. 556 N. Gay St.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19163

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 18th 1917 |
| *4. Place of Birth (Street and Number)* | 412 Battery Avenue |
| *5. Full Name of Mother* | Rose A Jones |
| *6. Mother's Maiden Name* | Rose A Jones |
| *7. Mother's Birthplace* | Rochester Co Md |
| *8. Full Name of Father* | Geo A Jones |
| *9. Father's Occupation* | House Carpenter |
| *10. Father's Birthplace* | Worchester Co Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Cookins |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19164

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 17th 1877 |
| *4. Place of Birth (Street and Number)* | 47 Fort St |
| *5. Full Name of Mother* | Mary M. McFadden |
| *6. Mother's Maiden Name* | Mary M. Cross |
| *7. Mother's Birthplace* | Philadelphia |
| *8. Full Name of Father* | John McFadden |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Scotland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

19165

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 1st |
| *4. Place of Birth (Street and Number)* | No 34 Fonvinet |
| *5. Full Name of Mother* | Lizzie Jordings |
| *6. Mother's Maiden Name* | Lizzie Sudra |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Charles Jordings |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Katherine Horner |
| *Address* | No 22 Elizebeth Lane |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19166

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** July 4th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 1877
4. *Place of Birth (Street and Number)* 341 Eastern Ave
5. *Full Name of Mother* Mary Binkey
6. *Mother's Maiden Name* Mary Stockpole
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* August Binkey
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Brent

*Address* No 137 Wolfe St

*Remarks* —

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19167

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPT
JUL
1917
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 1 |
| *4. Place of Birth (Street and Number)* | 55 N. Schroeder |
| *5. Full Name of Mother* | Anna |
| *6. Mother's Maiden Name* | Scantorough |
| *7. Mother's Birthplace* | Balt. |
| *8. Full Name of Father* | Stephen Anam |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. W. Wilson |
| *Address* | 257 Madison Ave |
| *Remarks* | Patient 39 years - Primip. Forceps. Hour glass Contraction |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19168

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 1877
4. *Place of Birth (Street and Number)* N 113 Hanover St
5. *Full Name of Mother* Christian B. Gottlieb
6. *Mother's Maiden Name* Christian Butterfield
7. *Mother's Birthplace* Wheeling W. Virginia
8. *Full Name of Father* Frederick H Gottlieb
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Nagyvárad Hungary

*Name of Medical Attendant, or other Person who makes this Return.* F S Chatard MD

*Address* N 114 Park Ave

*Remarks*

# RETURN OF A BIRTH.

19169
19170

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd & 3rd Children twins both

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 1st. 3 45 A. M. 1877 & 3 30 A M
4. Place of Birth (Street and Number) 41 N. Castle
5. Full Name of Mother Mary Ann Hogan
6. Mother's Maiden Name Mary Ann McArdle
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Francis Hogan
9. Father's Occupation Police Officer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Dunnette M.D.

Address 299 E. Baltimore St.

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19171

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 8d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 1 July |
| *4. Place of Birth (Street and Number)* | 751 Light St |
| *5. Full Name of Mother* | Anna Elizabeth Slegel |
| *6. Mother's Maiden Name* | Jacob |
| *7. Mother's Birthplace* | Kurhessen |
| *8. Full Name of Father* | Fredrick Slegel |
| *9. Father's Occupation* | Bavaria |
| *10. Father's Birthplace* | Laborer in a Gas House |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Kroh |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

19172

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) "
3. Date of Birth July 1. 77
4. Place of Birth (Street and Number) 44 Baker St
5. Full Name of Mother Emma V. Graham
6. Mother's Maiden Name " " Floyd
7. Mother's Birthplace md
8. Full Name of Father John Vincent Graham
9. Father's Occupation carpenter
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. G L Taneyhill

Address 129 W. Biddle

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1917 3

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUL 7 1877 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Baltimore July 1st 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore S. E. Law at No. 28 |
| *5. Full Name of Mother* | Mary Elizabeth Obrien |
| *6. Mother's Maiden Name* | Mary " Harris |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Obrien |
| *9. Father's Occupation* | Shoe-maker |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No. 199 Bank st |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19174

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 1rst 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Lee. Street No. 22 |
| *5. Full Name of Mother* | Mary ann. Moore |
| *6. Mother's Maiden Name* | " Welch |
| *7. Mother's Birthplace* | england |
| *8. Full Name of Father* | Thomas. Moore |
| *9. Father's Occupation* | Soap Maker |
| *10. Father's Birthplace* | ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Scarborough |
| *Address* | No. 236 montgomery Street |
| *Remarks* | |

19175

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Mulatto |
| *3. Date of Birth* | July 1 |
| *4. Place of Birth (Street and Number)* | 84 Hilton St |
| *5. Full Name of Mother* | Margaret Persine |
| *6. Mother's Maiden Name* | Burns |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Persine |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Towsontown Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Nicola I Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19176

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fax Third (3)

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 1st 1877

*4. Place of Birth (Street and Number)* No 379 Scott St

*5. Full Name of Mother* Mary Virginia Sullivan

*6. Mother's Maiden Name* Davis

*7. Mother's Birthplace* City of Balto

*8. Full Name of Father* Chas Edwd. Sullivan

*9. Father's Occupation*

*10. Father's Birthplace* City of Balto

*Name of Medical Attendant,* or other Person who makes this Return. Jno D Blake Mod

*Address* No 140 Scott St

*Remarks*

# RETURN OF A BIRTH. 19177

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*)

*1. Sex* (*state whether Male or Female*)

*2. Race or Color* (*if not of the white race*)

*3. Date of Birth*

*4. Place of Birth* (*Street and Number*)

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19178

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1 |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | July 1st 1877 |
| 4. *Place of Birth* (Street and Number) | 101 Orchard Street |
| 5. *Full Name of Mother* | Bridget Geary |
| 6. *Mother's Maiden Name* | Bridget Grau |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Edward Geary |
| 9. *Father's Occupation* | Labar |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Elize Schmitt |
| *Address* | 476 Lemare |
| *Remarks* | |

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19179

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

JUL 18 1917 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 1 1917
4. *Place of Birth (Street and Number)* George Street
5. *Full Name of Mother* Henrietta Piper
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Richard Piper
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Martinsburg W. Va.

*Name of Medical Attendant, or other Person who makes this Return.* Hester Bardley Loetus

*Address* 85 Orchard Street

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19180

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 2nd 1877 |
| *4. Place of Birth (Street and Number)* | 81 Bank st |
| *5. Full Name of Mother* | Bendeen Keck |
| *6. Mother's Maiden Name* | " " Buddemeyer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Keck |
| *9. Father's Occupation* | Barrel Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Getzke |
| *Address* | No 55 S. Bond St |
| *Remarks* | Baltimore Md |

19181

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3: |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 2d 1877. |
| *4. Place of Birth (Street and Number)* | No. 16 Jackson St. |
| *5. Full Name of Mother* | Margaret Parrott. |
| *6. Mother's Maiden Name* | Margt. Fitzgibbons. |
| *7. Mother's Birthplace* | Ireland. |
| *8. Full Name of Father* | George W. Parrott |
| *9. Father's Occupation* | Bar Tender. |
| *10. Father's Birthplace* | Philadelphia. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. F. Powell M.D. |
| *Address* | 224 Eastern Av. |
| *Remarks* | Child - Healthy, |

JUL 3 1877 BALTIMORE

***Extract Regulations of the Board of Health of the City of Baltimore, concerning the correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19182

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 2nd 1877

*4. Place of Birth (Street and Number)* 139 Cross St

*5. Full Name of Mother* Elizabeth Corkran

*6. Mother's Maiden Name* Elizabeth Sanks

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Cyrus B. Corkran

*9. Father's Occupation* Boiler Maker

*10. Father's Birthplace* Dorchester Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Theodore Cookman

*Address*

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19183

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

*1. Sex (state whether Male or Female)* A Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 2 of July 1877

*4. Place of Birth (Street and Number)* 1 North Chappel St

*5. Full Name of Mother* Kate Vogel

*6. Mother's Maiden Name* Kate Wich

*7. Mother's Birthplace* Germany

*8. Full Name of Father* John Wich

*9. Father's Occupation* Keyser

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Arenha Kunkel

*Address* 11 North Chappel St p. John p. John Kunkel

*Remarks* Healthy

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19184

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 2nd 1877

*4. Place of Birth (Street and Number)* No 35 James alley

*5. Full Name of Mother* Wathern Feimeier & Shramn

*6. Mother's Maiden Name* Germany

*7. Mother's Birthplace* Freidrich Feimeier

*8. Full Name of Father* Shoemaker

*9. Father's Occupation* Germany

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohwasser midwife

*Address* 213 Cross st.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19185

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 2nd 1877

*4. Place of Birth (Street and Number)* 1685 Johnson

*5. Full Name of Mother* Mathilda Wild

*6. Mother's Maiden Name* Mailla

*7. Mother's Birthplace* Germany

*8. Full Name of Father* August Wild

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohmasser midwife

*Address* 213 Cross st.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19186

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 2d 1877
4. *Place of Birth (Street and Number)* # 267 Gay St
5. *Full Name of Mother* Caroline Loffel
6. *Mother's Maiden Name* " Tener
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Edward Loffel
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Aos Kelly

*Address* 48 Holland St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19187

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 2d 1877
4. Place of Birth (Street and Number) N 12 Cathedral St
5. Full Name of Mother Margaret Taylor Murdoch
6. Mother's Maiden Name Margaret Taylor Falconer
7. Mother's Birthplace Baltimore
8. Full Name of Father Russell Murdoch
9. Father's Occupation Physician
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Chalard M.D.

Address N 114 Park Ave

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19185

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 2 July |
| *4. Place of Birth (Street and Number)* | 301 Hanover St |
| *5. Full Name of Mother* | Louise Kroedel |
| *6. Mother's Maiden Name* | Koner |
| *7. Mother's Birthplace* | Mecklenburg Germany |
| *8. Full Name of Father* | Gustav Kroedel |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Altenburg Sachsen |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Kroth |
| *Address* | 928 S Eutaw St. |
| *Remarks* | |

JUL 12 1897 BALTIMORE

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19189

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

JUL 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 2nd |
| *4. Place of Birth (Street and Number)* | 224 Charles St |
| *5. Full Name of Mother* | Mary Hoffsess |
| *6. Mother's Maiden Name* | Bär Baer |
| *7. Mother's Birthplace* | Wurttemburg |
| *8. Full Name of Father* | John Hofsess |
| *9. Father's Occupation* | Silver fitter |
| *10. Father's Birthplace* | Wurttemburg |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Hoch |
| *Address* | 228 S Eutaw St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19190

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 2nd 1877 |
| *4. Place of Birth (Street and Number)* | 42 Gable Alley |
| *5. Full Name of Mother* | Louisa Christina Myers |
| *6. Mother's Maiden Name* | Louisa Christina Dorings |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Franklin Prince Myers |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. W. Gotthaus |
| *Address* | 369 W. Lombard St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19191

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 2nd July '77 |
| *4. Place of Birth (Street and Number)* | 73. North High st |
| *5. Full Name of Mother* | Mollie Michael |
| *6. Mother's Maiden Name* | Mollie Lewis |
| *7. Mother's Birthplace* | Balt. City |
| *8. Full Name of Father* | Wm. J. C. Michael |
| *9. Father's Occupation* | Ship Broker |
| *10. Father's Birthplace* | Balt. City |
| *Name of Medical Attendant,* or other Person who makes this Return. | John F. Monmonier M.D. |
| *Address* | E. N. Calvert & Read sts |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19192

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* July 2. 1877
4. *Place of Birth* (Street and Number) N. Fayette st No 229
5. *Full Name of Mother* Franziska Hohhaus
6. *Mother's Maiden Name* Franziska Strobel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Hohhaus
9. *Father's Occupation* Platirer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Rompach

*Address* South Wolfe st No 28

*Remarks* Mid Wife

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19193

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 2. 1877
4. Place of Birth (Street and Number) South Koestelstr No 36
5. Full Name of Mother Mary Bittner
6. Mother's Maiden Name Mary Goebhardt
7. Mother's Birthplace Baltimore
8. Full Name of Father Gottlieb Bittner
9. Father's Occupation Schohmaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

19194

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 8te

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 2. 1877
4. Place of Birth (Street and Number) South Registerstr No 27
5. Full Name of Mother Christian Burkhardt
6. Mother's Maiden Name Christian Schlene
7. Mother's Birthplace Seligenstadt Darmstadt
8. Full Name of Father Joseph Burkhardt
9. Father's Occupation Harnesmaker
10. Father's Birthplace Seligenstadt Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19195

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 7 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July the 2nd 1877

*4. Place of Birth (Street and Number)* No 82½ E. McKeldery

*5. Full Name of Mother* Mary Beachum

*6. Mother's Maiden Name* Mary Hughes

*7. Mother's Birthplace* Baltimore County

*8. Full Name of Father* Elijah Beachum

*9. Father's Occupation* Printer

*10. Father's Birthplace* Princess Ann Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Butt

*Address* No 181 N. Centre Av. 3 doors South of Monument

*Remarks* Parable Well

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19196

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUL 7 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* July 2 1877
4. *Place of Birth* (*Street and Number*) 44 stockton st
5. *Full Name of Mother* lizzie Baltzer
6. *Mother's Maiden Name* lizzie long
7. *Mother's Birthplace* germany
8. *Full Name of Father* Bernhard Baltzer
9. *Father's Occupation* shoemaker
10. *Father's Birthplace* germany

*Name of Medical Attendant*, or other Person who makes this Return. mrs proctor

*Address* 10 carlton ave

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19197

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 to Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 2nd
4. *Place of Birth (Street and Number)* No 421 north Gay st
5. *Full Name of Mother* Margaretta Poercher
6. *Mother's Maiden Name* " " Wolf
7. *Mother's Birthplace* Cessen darmstadt,
8. *Full Name of Father* August Poercher
9. *Father's Occupation* Wire worker
10. *Father's Birthplace* Cur Hessen

*Name of Medical Attendant,* or other Person who makes this Return. Barbara Reiß Hebamme

*Address* No 26 N Friedrichstrasse

*Remarks*

# RETURN OF A BIRTH.

19198

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Juli 2 d. 1877 |
| *4. Place of Birth (Street and Number)* | 48 n. dallestreet |
| *5. Full Name of Mother* | Kate Henik |
| *6. Mother's Maiden Name* | Kate Liebler |
| *7. Mother's Birthplace* | Ballimor |
| *8. Full Name of Father* | Chim Henik |
| *9. Father's Occupation* | Cerzenmaler |
| *10. Father's Birthplace* | Ballimor |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marie R. Radiger |
| *Address* | 134 E. Bond Stret |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19199

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) first

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* July 2d 1877
4. *Place of Birth* (*Street and Number*) 172 E. Wolfe st.
5. *Full Name of Mother* Anna Hergel
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* not known illegitimate child
9. *Father's Occupation* "
10. *Father's Birthplace* " "

*Name of Medical Attendant,* or other Person who makes this Return. P. F. Lauch M.D.

*Address* 27 N. Broadway.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19200

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July the Second |
| *4. Place of Birth (Street and Number)* | No 413 W. Mc. Henry St |
| *5. Full Name of Mother* | Catherine Spurrier |
| *6. Mother's Maiden Name* | Catherine Torney |
| *7. Mother's Birthplace* | Baltimore city |
| *8. Full Name of Father* | Samuel Spurrier |
| *9. Father's Occupation* | Shut car Driver |
| *10. Father's Birthplace* | Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. J. Grant |
| *Address* | No 433 W. Mc. Henry St |
| *Remarks* | Strong healthy child |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19201

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE MD.

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 7

1. *Sex* (*state whether Male or Female*) Girl
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* No 2 Elbow Lane
4. *Place of Birth* (*Street and Number*) July 15 th 1877
5. *Full Name of Mother* Louisa Wilkerson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Moses Wilkerson
9. *Father's Occupation* Barber
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Thomas

*Address* 71 Burgundy alley

*Remarks*

# RETURN OF A BIRTH.

19202

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July the 3d 1877
4. *Place of Birth (Street and Number)* Baltimore No. 153 Vine St
5. *Full Name of Mother* Betty Gowings
6. *Mother's Maiden Name* Ward
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gowings
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dorsey

*Address* No 83 Exford St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19203

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 3d 1877 |
| *4. Place of Birth (Street and Number)* | No 215 Canton Ave |
| *5. Full Name of Mother* | Johanna Friese |
| *6. Mother's Maiden Name* | " Stein |
| *7. Mother's Birthplace* | City. |
| *8. Full Name of Father* | Charles Friese |
| *9. Father's Occupation* | Tanner |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19201

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

JUL 27 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 5 th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 2d 1877 |
| *4. Place of Birth (Street and Number)* | No 13 N. Wolfe st |
| *5. Full Name of Mother* | Barbara Wittmann |
| *6. Mother's Maiden Name* | " Burkhart |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | George Wittman |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank st |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19205

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 3rd 1877 |
| *4. Place of Birth (Street and Number)* | 234 Chew |
| *5. Full Name of Mother* | Alice Dudeen |
| *6. Mother's Maiden Name* | " Bromley |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | T Clifford Dudeen |
| *9. Father's Occupation* | Policeman |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | D Webster Cathell |
| *Address* | 211 Broadway |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19206

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 11 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 3 Juli
4. *Place of Birth (Street and Number)* 237 Lee Stritt
5. *Full Name of Mother* Maria ~~Pfleger~~ Heckmann
6. *Mother's Maiden Name* M Pfleger
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* George Heckmann
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Eastenhall Stritt

*Remarks*

# RETURN OF A BIRTH.

19206½

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 4th 3rd 1877 |
| 4. *Place of Birth (Street and Number)* | 237 Lee Street |
| 5. *Full Name of Mother* | Maria Hoeckmann |
| 6. *Mother's Maiden Name* | " Sleger |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Gorge ~~George~~ Hoeckmann |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19207

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 11 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 5

*1. Sex (state whether Male or Female)* Weiblich

*2. Race or Color (if not of the white race)* Weiß

*3. Date of Birth* 3 Juli

*4. Place of Birth (Street and Number)* 290 Groß Strikt

*5. Full Name of Mother* Kristine Graus

*6. Mother's Maiden Name* K. Metz

*7. Mother's Birthplace* Deutschland

*8. Full Name of Father* Friedrich Graus

*9. Father's Occupation* Schumacher

*10. Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Leatenhall Strikt

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19207

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 3d 1877 |
| 4. *Place of Birth (Street and Number)* | 290 Cross Street |
| 5. *Full Name of Mother* | Christine Grauss |
| 6. *Mother's Maiden Name* | " " Metz |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Frederick Grauss |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Munch |
| *Address* | 74 Leadenhall St. |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19208

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White ~~July 3th 1877~~

*3. Date of Birth* July 3th 1877

*4. Place of Birth (Street and Number)* No 71 North Howard Street

*5. Full Name of Mother* Mary Koop

*6. Mother's Maiden Name* Mary Hammer

*7. Mother's Birthplace* Papenberg Baiern

*8. Full Name of Father* Henry Koop

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Depolts Hanover

*Name of Medical Attendant,* or other Person who makes this Return. Anna Lindner

*Address* 46 Monroe Street

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19209

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 July
4. *Place of Birth (Street and Number)* 64 North Bond St
5. *Full Name of Mother* Mary Nilson
6. *Mother's Maiden Name* Viol
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Nilson
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Eranby St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19210

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July the third |
| *4. Place of Birth (Street and Number)* | 226 Orleans st |
| *5. Full Name of Mother* | Ollie A Gray |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Elisha H Gray |
| *9. Father's Occupation* | farmer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary A Allwell |
| *Address* | 286 N Eutaw st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19211

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 3d |
| *4. Place of Birth (Street and Number)* | 182 West Stree |
| *5. Full Name of Mother* | Margrett Louns Wells |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Talbert County Maryland |
| *8. Full Name of Father* | Horace Louns |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Talbert County Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Caroline Fisher |
| *Address* | 182 West Stree Baltimore City |
| *Remarks* | Midwife |

1

192121

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health.

### BALTIMORE CITY.

HEALTH DEPT. JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 3 & 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 3 & 4 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Lombard st No 430 |
| *5. Full Name of Mother* | Sarah Cassidy |
| *6. Mother's Maiden Name* | Sarah Crutchett |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Cassidy |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. C. Mitchell |
| *Address* | No. 123 Parkin st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19213

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* July 3d " 1877
4. *Place of Birth* (Street and Number) 70 S. Eden st.
5. *Full Name of Mother* Laura Virginia Walker
6. *Mother's Maiden Name* " " Freeman
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Nathaniel C. Walker
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Kingston Jamaica

*Name of Medical Attendant,* or other Person who makes this Return. P. F. Dauschmid.

*Address* 27, N. Broadway

*Remarks*

# RETURN OF A BIRTH.

19211

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Second |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | July 3/77 |
| 4. *Place of Birth* (Street and Number) | 853 W. Pratt St |
| 5. *Full Name of Mother* | Maria Strunskey |
| 6. *Mother's Maiden Name* | Maria Kaher |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Loriz Strunskey |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | E Sindlair |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19215

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 11 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | ~~Baby~~ |
| *3. Date of Birth* | July 4th 1877 |
| *4. Place of Birth (Street and Number)* | No 122 N. Schroeder St |
| *5. Full Name of Mother* | Kate Veise |
| *6. Mother's Maiden Name* | Kate Ferguson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Veidle |
| *9. Father's Occupation* | Porter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Winneberger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19216

# RETURN OF A BIRTH.

N.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 11 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 4th 1877
4. Place of Birth (Street and Number) Dunlap alley Bet Ball & Lom st No 15
5. Full Name of Mother Mary Mary Ross
6. Mother's Maiden Name Mary Encess
7. Mother's Birthplace Eastern Shore maryland
8. Full Name of Father Thomas Ross
9. Father's Occupation Laborer
10. Father's Birthplace Eastern Shore maryland

Name of Medical Attendant, or other Person who makes this Return. Cholotta Elkan Enlens

Address

Remarks

**Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19217

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th Child |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | July 4th 1877 |
| 4. Place of Birth (Street and Number) | No 192 Conway st |
| 5. Full Name of Mother | Mary Wenty |
| 6. Mother's Maiden Name | Marshladt |
| 7. Mother's Birthplace | America |
| 8. Full Name of Father | John Wenty |
| 9. Father's Occupation | Tailor |
| 10. Father's Birthplace | Germany. |
| Name of Medical Attendant, or other Person who makes this Return. | J. Lohwasser midwife |
| Address | 213 Cross st. |
| Remarks | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19218

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 mt Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 4 th 1877 |
| *4. Place of Birth (Street and Number)* | No 53 Brown st |
| *5. Full Name of Mother* | Louise Peppler |
| *6. Mother's Maiden Name* | Resse |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | George Peppler |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

19219

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 les Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the. 4. 1877
4. *Place of Birth (Street and Number)* S. Breyster St. No. 64
5. *Full Name of Mother* Anna Horst.
6. *Mother's Maiden Name* Anna Wolf.
7. *Mother's Birthplace* Lengfeld. Gr. Hessen Germany
8. *Full Name of Father* Jakob. Horst
9. *Father's Occupation* Cissors Grinder
10. *Father's Birthplace* Oberohmen. Gr. Hessen Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19220

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 10 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 3rd. 4. 1877
4. *Place of Birth (Street and Number)* S. Durham St. No. 9.
5. *Full Name of Mother* Margaretha. Neth.
6. *Mother's Maiden Name* Margaretha Kraus
7. *Mother's Birthplace* Schrapbach. K. Baiern. Germany
8. *Full Name of Father* Sebastian Neth
9. *Father's Occupation* none
10. *Father's Birthplace* Untermusses. K. Baiern Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

# RETURN OF A BIRTH.

19221

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 9 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 1

1. *Sex (~~state whether~~ Male or ~~Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* July 4th 1877
4. *Place of Birth (Street and Number)* Corner Mulliken & Bethel
5. *Full Name of Mother* Sarah A McClellan
6. *Mother's Maiden Name* " " Myers
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Robert J McClellan
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J Ridgway Andrews M.D

*Address* No 121 E. Balto St Md

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19222

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* July 4th 1877

*4. Place of Birth (Street and Number)* 67 High St.

*5. Full Name of Mother* Margaurite Caul

*6. Mother's Maiden Name* " Grodt

*7. Mother's Birthplace* United States

*8. Full Name of Father* John Caul

*9. Father's Occupation* Laborer

*10. Father's Birthplace* United States

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address* 52 E. Sanford Str.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19223

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* —

*3. Date of Birth* July 4th 1877

*4. Place of Birth (Street and Number)* 74 Prestat St.

*5. Full Name of Mother* Rosa Rodgers

*6. Mother's Maiden Name* " Jones

*7. Mother's Birthplace* United States

*8. Full Name of Father* George Rodgers

*9. Father's Occupation* Labor

*10. Father's Birthplace* United States

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address* 52 E Lombard St.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19224

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 4 1877 |
| *4. Place of Birth (Street and Number)* | 114 Eutaw St |
| *5. Full Name of Mother* | Ellen McGuire |
| *6. Mother's Maiden Name* | Conklin |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Peter McGuire |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Taylor |
| *Address* | 52 E Lombard St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19225

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 9 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 4th 1877 |
| *4. Place of Birth (Street and Number)* | 2 E Pat St |
| *5. Full Name of Mother* | Barbara Gunther |
| *6. Mother's Maiden Name* | Barbara Feld |
| *7. Mother's Birthplace* | United States |
| *8. Full Name of Father* | Fred'k A Gunther |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 52 S Howard St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19226

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* Wite
3. *Date of Birth* 4 of July
4. *Place of Birth (Street and Number)* No 85 Hampstset st
5. *Full Name of Mother* Miss Maggil Robinson
6. *Mother's Maiden Name* " " Conroy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Grove Patrick Robinson
9. *Father's Occupation* Machean Hand
10. *Father's Birthplace* Main

*Name of Medical Attendant, or other Person who makes this Return.* Louisa Wiley

*Address* No 12 Paterson Park Avenue

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19227

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

RECEIVED
JUL
9
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4th of July
4. *Place of Birth (Street and Number)* Gunther's Court No number
5. *Full Name of Mother* Mary Ann Watkins
6. *Mother's Maiden Name* " Glenn
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Watkins
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Crosby

*Address* 369 Cathedral St

*Remarks*

**Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19228

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 4th 1877 |
| *4. Place of Birth (Street and Number)* | 412 Fremont St |
| *5. Full Name of Mother* | Catherine Kaufmann |
| *6. Mother's Maiden Name* | Baltimore Md |
| *7. Mother's Birthplace* | Catherine Baer |
| *8. Full Name of Father* | August Kaufman |
| *9. Father's Occupation* | Porter |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs E. Wells |
| *Address* | 418 Holland St |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

***rect Record of Vital Statistics in the City of Baltimore.***

# RETURN OF A BIRTH.

19229

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. Sex (state whether Male or Female) | Female. |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | July 4th 1877. |
| 4. Place of Birth (Street and Number) | South Chappel St. No 98. Balt. Md. |
| 5. Full Name of Mother | Mary Plumb. |
| 6. Mother's Maiden Name | Mary Riley |
| 7. Mother's Birthplace | Baltimore Md. |
| 8. Full Name of Father | Joseph A Plumb. |
| 9. Father's Occupation | Engineer |
| 10. Father's Birthplace | Baltimore, Md. |
| Name of Medical Attendant, or other Person who makes this Return. | Margaret A Davenport |
| Address | 259 Tought St. |
| Remarks | Doing well. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19230

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.)* 5 6

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Juli 4. 1877

*4. Place of Birth (Street and Number)* S. Schappel str No 3

*5. Full Name of Mother* Anna Goetzinger

*6. Mother's Maiden Name* Anna Muller

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* August Goetzinger

*9. Father's Occupation* Worker u Wagen

*10. Father's Birthplace* Philipsburg Baden

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

**Vest Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19231

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 4 July

4. *Place of Birth (Street and Number)* 117 East Pratt Str

5. *Full Name of Mother* Augusta Kamphaus

6. *Mother's Maiden Name* Timmer

7. *Mother's Birthplace* Germany

8. *Full Name of Father* J. H. Kamphaus

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Basil Simon

*Address* 1470 Granby Street

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

19232

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female).* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 4th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Seemon st No. 6 |
| *5. Full Name of Mother* | Laura Benton |
| *6. Mother's Maiden Name* | Laura Bilson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Benton |
| *9. Father's Occupation* | Mechanist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No. 122 Parkin st |
| *Remarks* | |

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Perfect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19233

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4 Childs |
| *1. Sex (state whether Male or Female)* | Female Childs |
| *2. Race or Color (if not of the white race)* | Colored Child |
| *3. Date of Birth* | 4 Day of July |
| *4. Place of Birth (Street and Number)* | 84 Durham St |
| *5. Full Name of Mother* | Eliza Brown |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Anne Daniel County |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Midwife Sidney Lockman |
| *Address* | Brad Fort Ave |
| *Remarks* | |

# RETURN OF A BIRTH.

19234

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* colorde

*3. Date of Birth* July 4

*4. Place of Birth (Street and Number)* no 17 short st

*5. Full Name of Mother* Thenetts myers

*6. Mother's Maiden Name* Thenetts dodd

*7. Mother's Birthplace* centerpille Md.

*8. Full Name of Father* John myers

*9. Father's Occupation* [illegible] brainsmer

*10. Father's Birthplace* centerpile md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs leare [illegible]

*Address* no. 32 short st

*Remarks* delicate child

**Vital Records of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19235

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 4 Juli
4. *Place of Birth (Street and Number)* Argut St No 265.
5. *Full Name of Mother* Josafea Poulus Wolf
6. *Mother's Maiden Name* Josafea Poulus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Poulus
9. *Father's Occupation* Schumager
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Lauer

*Remarks* 17 Keefer ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19236

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

1

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 4 1877 |
| *4. Place of Birth (Street and Number)* | No 327 Pa Av |
| *5. Full Name of Mother* | Mary Jane Wright |
| *6. Mother's Maiden Name* | " " Johnson |
| *7. Mother's Birthplace* | Norfolk Va |
| *8. Full Name of Father* | James Clayton Wright |
| *9. Father's Occupation* | Plasterer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | W L Reder M D |
| *Address* | 87 Mulberry St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19237

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.*** July 4th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 4th 1877.
4. *Place of Birth (Street and Number)* 273 Bond St.
5. *Full Name of Mother* Lizzie Schoff.
6. *Mother's Maiden Name* Lizzie Gerding.
7. *Mother's Birthplace* America
8. *Full Name of Father* John Schoff.
9. *Father's Occupation* Cabinet maker.
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mary Smith

*Address* 273 Bond St.

*Remarks* 1

19238

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* July 4th

*4. Place of Birth (Street and Number)* 273 W. Pratt St

*5. Full Name of Mother* Kate Seippel

*6. Mother's Maiden Name* Hotz

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Frederick Pfammiller

*9. Father's Occupation* Printer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Katharina Sunbach

*Address* 439 W Lewell St

*Remarks*

**Post Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19239

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 7th 1877. |
| *4. Place of Birth (Street and Number)* | No. 258. E. Eager St. |
| *5. Full Name of Mother* | Caroline Simon. |
| *6. Mother's Maiden Name* | Caroline Hoffmayer. |
| *7. Mother's Birthplace* | Philadelphia. |
| *8. Full Name of Father* | Adam Simon. |
| *9. Father's Occupation* | Tinner. |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dena Billquist. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

# RETURN OF A BIRTH.

192140

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colred
3. *Date of Birth* July 4th 1877
4. *Place of Birth* (Street and Number) 76 Cider alley
5. *Full Name of Mother* Rachel C Phillips
6. *Mother's Maiden Name* Rachel C Watts
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Thomas P Phillips
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant*, or other Person who makes this Return.

*Address* Mrs Jane Baker 66 cider alley Midwife

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19241

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 17 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 4th July |
| *4. Place of Birth (Street and Number)* | No 2 Dover Alley |
| *5. Full Name of Mother* | Sara A Wiggans |
| *6. Mother's Maiden Name* | Nancy Fisher |
| *7. Mother's Birthplace* | Washington D C |
| *8. Full Name of Father* | L Wiggans |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Washington D C |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Primrose |
| *Address* | No 72 Dover alley |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

19242

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 4th 1877 |
| *4. Place of Birth (Street and Number)* | Washington Str F.P. |
| *5. Full Name of Mother* | M. E. P. Lingeman |
| *6. Mother's Maiden Name* | M. E. Parkison |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | T. H. E. Lingeman |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Mary E. Simms |
| *Address* | 203 S Washington St. F.P. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19243

# RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 4th 1877

*4. Place of Birth (Street and Number)* No. 131. S. Chester St.

*5. Full Name of Mother* May A. Elliott

*6. Mother's Maiden Name* Covenington

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Capt. E. Elliott

*9. Father's Occupation* Sea Captain

*10. Father's Birthplace* Balto. City

*Name of Medical Attendant,* or other Person who makes this Return. M. J. Cady M.D.

*Address* 244 Bank St.

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

192114

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th " |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 5/1877 |
| *4. Place of Birth (Street and Number)* | 258 Franklin St. |
| *5. Full Name of Mother* | Mary E. Stileman |
| *6. Mother's Maiden Name* | Wildermuth |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Charles Stileman |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Miss Anna Mossop |
| *Address* | 220 Preston St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19215

HEALTH DEPARTMENT
JUL 11 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 5th Child

1. *Sex* (*state whether Male or Female*)

2. *Race or Color* (*if not of the white race*) Col

3. *Date of Birth* June 5 1877

4. *Place of Birth* (*Street and Number*) [illegible]

5. *Full Name of Mother* Louisa Dorsh

6. *Mother's Maiden Name* Louisa Dorsh

7. *Mother's Birthplace* [illegible]

8. *Full Name of Father* Casper S Dorsh

9. *Father's Occupation* Merchant

10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

# RETURN OF A BIRTH.

19246

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

JUL 10 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 5 1877
4. Place of Birth (Street and Number) Monument below Chester and Lancaster
5. Full Name of Mother Sophie Engel
6. Mother's Maiden Name S. Wirtsberger
7. Mother's Birthplace Germane
8. Full Name of Father Georg Engel
9. Father's Occupation Karter
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Budiger

Address 134 N. Bondstrt

Remarks

**Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19247

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 5th 1877 |
| *4. Place of Birth (Street and Number)* | |
| *5. Full Name of Mother* | Thomas Avis Sherwood |
| *6. Mother's Maiden Name* | " " Henderson |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | George W. Sherwood |
| *9. Father's Occupation* | Father |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charles H. Thomas M.D. |
| *Address* | 85 E. Baltimore St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19248

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 5. of Juli
4. Place of Birth (Street and Number) Dallas St No 319
5. Full Name of Mother Mary Wolf
6. Mother's Maiden Name Mary Kammer
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Kammer
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Lauer

Remarks 172 Harfert ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

192149

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
5
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5 th Child

1. *Sex* (state whether Male or Female) Female Sex

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 5 th day July 1877

4. *Place of Birth* (Street and Number) Baltimore 220 William St

5. *Full Name of Mother* Anna Eliza Jones

6. *Mother's Maiden Name* Anna Eliza Smith

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Thos. A. Jones

9. *Father's Occupation* House Carpenter

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Mid Conway

This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19250

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female, |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 5th 1876 |
| *4. Place of Birth (Street and Number)* | 108 E. Fayette St. |
| *5. Full Name of Mother* | Emma J. Leatherbury |
| *6. Mother's Maiden Name* | " " Lafeter, |
| *7. Mother's Birthplace* | Phila. Pa. |
| *8. Full Name of Father* | Franklin P. Leatherbury |
| *9. Father's Occupation* | Sinner |
| *10. Father's Birthplace* | Somerset Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. Glanville, Rush M.D. |
| *Address* | Balt. & Wash. St. |
| *Remarks* | Natural |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19257

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | 5th July 1879. |
| *4. Place of Birth (Street and Number)* | 16 N. Caroline, st. |
| *5. Full Name of Mother* | Rebecca Feig. |
| *6. Mother's Maiden Name* | Rebecca Bachman. |
| *7. Mother's Birthplace* | Baltimore City. |
| *8. Full Name of Father* | Joseph Feig. |
| *9. Father's Occupation* | Tailor. |
| *10. Father's Birthplace* | Baltimore City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Harry Walter |
| *Address* | 125 N. Caroline St |
| *Remarks* | |

JUL 14 87 BALTIMORE MD

19252

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Sept of July

*4. Place of Birth (Street and Number)* [illegible] Sixteen Street

*5. Full Name of Mother* Sophia Rinke

*6. Mother's Maiden Name* Sophia Hess

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* David Rinke

*9. Father's Occupation* Shoe Mining

*10. Father's Birthplace* New York

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Timmerfield

*Address* 403 S. Pennsylvania Ave

*Remarks* Well

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19253

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th |
| *1. Sex (state whether Male or Female)* | Male, |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 5th 1877 |
| *4. Place of Birth (Street and Number)* | 463 E. Lombard St. |
| *5. Full Name of Mother* | Mary Quinn |
| *6. Mother's Maiden Name* | " Bond, |
| *7. Mother's Birthplace* | Balt. Md. |
| *8. Full Name of Father* | John Quinn |
| *9. Father's Occupation* | Court clerk |
| *10. Father's Birthplace* | Balt. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. Glanville Rusk Md. |
| *Address* | Balt. & Wash. Sts. |
| *Remarks* | Natural, |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19254

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 5 July |
| *4. Place of Birth (Street and Number)* | 120 Low Street |
| *5. Full Name of Mother* | Elizabeth Beck |
| *6. Mother's Maiden Name* | Snider |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wilhelm Beck |
| *9. Father's Occupation* | Cigarmaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophia Simms |
| *Address* | 1070 Granby St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19255

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

JUL 7 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* July 5th 1877

4. *Place of Birth* (Street and Number) N. Bond 322

5. *Full Name of Mother* Anna Livingston

6. *Mother's Maiden Name* Anna Kellum

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* James H. Livingston

9 *Father's Occupation* Merchant Flour & Feed

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. E. A. Baldwin

*Address* 124 N. Exeter st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19256

HEALTH DEPARTMENT JUL 7 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the ninth child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 5th of July |
| *4. Place of Birth (Street and Number)* | 319 Madison st |
| *5. Full Name of Mother* | Cordelia allen |
| *6. Mother's Maiden Name* | Wyatt |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Joseph Fallen |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 286 McDonough st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19257

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | Colored race |
| 3. *Date of Birth* | July 5th '11 (87) |
| 4. *Place of Birth* (Street and Number) | 1828 Watson St |
| 5. *Full Name of Mother* | Nanah Russel |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | Springfield |
| 8. *Full Name of Father* | Ebe Russel |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace* | Talbot County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Lydia Yeates |
| *Address* | 111 S. Dallas St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19255

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 5 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 5 July |
| *4. Place of Birth (Street and Number)* | No 2 Hillman St |
| *5. Full Name of Mother* | Elisabeth Gorsuch |
| *6. Mother's Maiden Name* | Arthur |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William H. Gorsuch |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Ursula J Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

# RETURN OF A BIRTH.

19239

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourteenth. (14) |
| *1. Sex (state whether Male ~~or Female~~)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 5th 1877. |
| *4. Place of Birth (Street and Number)* | N. E. cor. Broadway & Fayette st |
| *5. Full Name of Mother* | Mrs. Mary Jane Scoggins |
| *6. Mother's Maiden Name* | Miss Mary J. Askey |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Mr. Samuel R. Scoggins. |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm. H. Glendinen M.D. |
| *Address* | 102 N. Broadway. |
| *Remarks* | |

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11

19260

HEALTH DEPARTMENT JUL 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 5th 1877. |
| *4. Place of Birth (Street and Number)* | Pearl 59 |
| *5. Full Name of Mother* | Mary Hooke |
| *6. Mother's Maiden Name* | M. Hall. |
| *7. Mother's Birthplace* | Richmond |
| *8. Full Name of Father* | John T. Hooke |
| *9. Father's Occupation* | Coach Painter |
| *10. Father's Birthplace* | Richmond |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophia Nemel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19261

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 of Children |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 6 of July |
| *4. Place of Birth (Street and Number)* | William St N. 225 |
| *5. Full Name of Mother* | Lanaza Brown |
| *6. Mother's Maiden Name* | Lanaza Willer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Adam Brown |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St N. 128 |
| *Remarks* | |

19262

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
11
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 6th 1877
4. *Place of Birth (Street and Number)* 67 Perry St
5. *Full Name of Mother* Frances A. Williams
6. *Mother's Maiden Name* Frances A. Porter
7. *Mother's Birthplace* Frederick Co Md
8. *Full Name of Father* John H. Williams
9. *Father's Occupation* White Washer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Miss June Winneberger

*Address* 23 N. Liberty St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19263

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
9
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 6th 1877 |
| *4. Place of Birth (Street and Number)* | 337 Mill St |
| *5. Full Name of Mother* | Rebecca Hilton |
| *6. Mother's Maiden Name* | Rebecca Free (Free) |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm Hilton |
| *9. Father's Occupation* | Lumberman |
| *10. Father's Birthplace* | Montgomery Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cookerly |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

19264

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 3 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* fryday July 6 1877
4. *Place of Birth (Street and Number)* 6 N Dallas St
5. *Full Name of Mother* Josephine Cooper
6. *Mother's Maiden Name* Josephine Lubmon
7. *Mother's Birthplace*
8. *Full Name of Father* Mose Lubmon
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Adice Thompson

*Address* 47 Eutaw St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19265

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether ~~Male or~~ Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 6. 1877.

*4. Place of Birth (Street and Number)* 22 E. Biddle St.

*5. Full Name of Mother* Rebecca Mills.

*6. Mother's Maiden Name* Rebecca Smith.

*7. Mother's Birthplace* Baltimore, Md.

*8. Full Name of Father* William E. Mills

*9. Father's Occupation* Plumber.

*10. Father's Birthplace* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return. L. C. Gordon, M.D

*Address* 311 N. Broadway.

*Remarks*

# RETURN OF A BIRTH.

19266

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 14 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 6th July 1877
4. Place of Birth (Street and Number) 65 Corner Gist & Pratt Sts now Patterson Park Av.
5. Full Name of Mother Mary Jane Thomas
6. Mother's Maiden Name Mary Jane Griffin
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father Seth Benton Thomas
9. Father's Occupation Oyster Packer
10. Father's Birthplace Fair Haven Connecticut

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Sashiell

Address 207 S. Broadway

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19267

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | sixth child |
| *1. Sex* (*state whether Male or Female*) | female |
| *2. Race or Color* (*if not of the white race*) | colored |
| *3. Date of Birth* | july 6 th |
| *4. Place of Birth* (*Street and Number*) | 134 Lydk st |
| *5. Full Name of Mother* | sarah jane hawkins |
| *6. Mother's Maiden Name* | maiden name unknown |
| *7. Mother's Birthplace* | baltimore |
| *8. Full Name of Father* | john hawkins |
| *9. Father's Occupation* | shoe maker |
| *10. Father's Birthplace* | baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | no 4 patapsco ave |
| *Remarks* | healthy child |

# RETURN OF A BIRTH.

19268

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 6th |
| *4. Place of Birth (Street and Number)* | 62 S. Paca St. |
| *5. Full Name of Mother* | Anna Biemuller |
| *6. Mother's Maiden Name* | Redle |
| *7. Mother's Birthplace* | Hessendarmstadt |
| *8. Full Name of Father* | John Biemuller |
| *9. Father's Occupation* | Ice Dealer |
| *10. Father's Birthplace* | Bavaria |
| *Name of Medical Attendant, or other Person who makes this Return* | Mary Krebs |
| *Address* | 328 S. Eutaw St. |
| *Remarks* | |

JUL 12 1877 BALTIMORE

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19269

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 7 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* July 6th 1877

4. *Place of Birth* (Street and Number) Druid Hill Avenue 229

5. *Full Name of Mother* Anne Mitchel

6. *Mother's Maiden Name* Anne Benezet

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Charles Mitchel

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Eric Baldwin

*Address* 124 n. Eutaw

*Remarks*

19270

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 6th 1877
4. Place of Birth (Street and Number) 6 Hull st.
5. Full Name of Mother Margareth Clarke
6. Mother's Maiden Name " Miler
7. Mother's Birthplace Baltimore City
8. Full Name of Father Patrick Clarke
9. Father's Occupation Stevedore
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. P. G. Dausch M.D.

Address 27 N. Broadway.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19271

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the forth child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | the 7th of July |
| *4. Place of Birth (Street and Number)* | No ~~[illegible]~~ Mcfeldry |
| *5. Full Name of Mother* | Margret Sommers |
| *6. Mother's Maiden Name* | Frank |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Samuel Sommers |
| *9. Father's Occupation* | Machenis |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 286 Mt Dorough st |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Sect. Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19272

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 d |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 7th 1877. |
| *4. Place of Birth (Street and Number)* | West Street No 52. |
| *5. Full Name of Mother* | Mary Wendel. |
| *6. Mother's Maiden Name* | Mary Kilberg |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Johann G. Wendel. |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr Dorthea Brune |
| *Address* | 117 Battery Ave |
| *Remarks* | |

19273

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* Mädchen.
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 7 Juli 1877.
4. *Place of Birth (Street and Number)* Baltimore u 247. Dallas St.
5. *Full Name of Mother* Herged Belz
6. *Mother's Maiden Name* Ellwing
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Belz.
9. *Father's Occupation* Handarbeiter.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Anna Rimmen.

*Address* Bond St. 263.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19274

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 6th
4. *Place of Birth (Street and Number)* Birth [illegible]
5. *Full Name of Mother* Lizzie Rinhardt
6. *Mother's Maiden Name* Lizzie Rinhardt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Rainhardt
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 2 E Elizabeth Lane

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19275

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

RECEIVED
JUL 9
1917
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) ~~1st first~~ one

1. *Sex* (state whether Male or Female) girl
2. *Race or Color* (if not of the white race) black
3. *Date of Birth* seventh of july
4. *Place of Birth* (Street and Number) parish ally no 15
5. *Full Name of Mother* anna Leadman
6. *Mother's Maiden Name* anna Leadman
7. *Mother's Birthplace* Virginia accomac county
8. *Full Name of Father* William fisher
9. *Father's Occupation* laborer
10. *Father's Birthplace* Virginia accomac county

*Name of Medical Attendant*, or other Person who makes this Return. Lydia Somerville

*Address* Clinton avenue # 3

*Remarks*

19276

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 7th 1877 |
| *4. Place of Birth (Street and Number)* | 19 Cemetary Lane |
| *5. Full Name of Mother* | Theresa Rash |
| *6. Mother's Maiden Name* | " Sandymen |
| *7. Mother's Birthplace* | United States |
| *8. Full Name of Father* | Francis Rash |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | United States |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Casper |
| *Address* | 52 E Lombard Str |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19277

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the 2

1. *Sex (state whether Male or Female)* Femel
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 7 of Juli
4. *Place of Birth (Street and Number)* No. 100 Sommerset St.
5. *Full Name of Mother* Wilhelmina Shulten
6. *Mother's Maiden Name* Wilhelmina Lurz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Frank Lurz.
9. *Father's Occupation* Dallor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mis Sauer

*Remarks* 173 Harfert ave

19278

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Black

*3. Date of Birth* July 7th 1877

*4. Place of Birth (Street and Number)* No 11 Lehermau Alley

*5. Full Name of Mother* Maria Estelle Wilmer

*6. Mother's Maiden Name* Maria Estelle Wilmer

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* James Alexander Thomas

*9. Father's Occupation* Porter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Robert W Mifflin M.D.

*Address* No. 427 West Fayette St

*Remarks* Born in the 7th mo of Gestation, o/c strain of heavy lifting

*rect Record ... al Statistics in t ... f Baltimo*

That any physician, acco ...ncur, midwife, or other person ...ge, who shall a advise at the birth of any child within the City of Baltimore, shal report to the regist within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and ...lence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19278 1/2

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Negro

*3. Date of Birth* July 7th 1877.

*4. Place of Birth (Street and Number)* Larew's Ct

*5. Full Name of Mother* Olivia Caldwell

*6. Mother's Maiden Name* "

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father*

*9. Father's Occupation* Lady unmarried; Conception accidental.

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Jno. G. Day M.D.

*Address* Park Ave & Mulberry St

*Remarks*

# RETURN OF A BIRTH.

19279

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* (1)

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 20 1877 at 6 A.M.

*4. Place of Birth (Street and Number)* 187 Bailey Avenue

*5. Full Name of Mother* Mrs. Gas. Countess

*6. Mother's Maiden Name* Ellice V. McDonnell

*7. Mother's Birthplace* New. York City

*8. Full Name of Father* Joseph Walter Countess

*9. Father's Occupation* Rail Road Engineer

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Ruth Ann. Rogers

*Address* 368 Hanover Street

*Remarks*

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19280

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* July 7th 1877

*4. Place of Birth (Street and Number)* No 259 E. Orleans St.

*5. Full Name of Mother* Margreta Daetin.

*6. Mother's Maiden Name* Margreta Harris.

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* Wm. Daetin.

*9. Father's Occupation* Seaman.

*10. Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No. 181. N. Central ave. 3 doors S. of Monument

*Remarks* All Well.

**Post Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19281

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 7th 1887
4. *Place of Birth (Street and Number)* 41 North Amity st.
5. *Full Name of Mother* Catharn Sheren
6. *Mother's Maiden Name* Catharn Quinery
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Matthew Sheren
9. *Father's Occupation* Carter
10. *Father's Birthplace* Ireland

*Name of Medical Attendant, or other Person who makes this Return.* Jane Mercer

*Address* 196 W. Henry St. Baltimore

*Remarks*

**Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19282

19282

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex* (state whether Male or Female) & female

2. *Race or Color* (if not of the white race) Color

3. *Date of Birth* on the 4 th. of July

4. *Place of Birth* (Street and Number) hamburg St 210 Balto. m.d.

5. *Full Name of Mother* liaria scott

6. *Mother's Maiden Name* liaria chatman

7. *Mother's Birthplace* Balto. m.d.

8. *Full Name of Father* aaron scott

9. *Father's Occupation* Brick moulder

10. *Father's Birthplace* fish hill Balto m.d.

*Name of Medical Attendant,* or other Person who makes this Return. mary Bevens

*Address* 209 hamburg Street Balto m.d.

*Remarks* as well as can be expected

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19283

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* July 7th

4. *Place of Birth* (Street and Number) Fremont Cor. N. Henry st

5. *Full Name of Mother* Cathrine Meyers

6. *Mother's Maiden Name* Wagner

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Henry Meyers

9. *Father's Occupation* Fremont cor. N. Henry st.

10. *Father's Birthplace* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return. Midwife

*Address* Mrs. Mary Goetz 5 ~~Baltimore~~ Md.

*Remarks* healthy

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

192811

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) seventh child

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) colored
3. *Date of Birth* july 7th
4. *Place of Birth* (*Street and Number*) no 6 plumbally
5. *Full Name of Mother* anna murray
6. *Mother's Maiden Name* maiden name unknown
7. *Mother's Birthplace* accomack va
8. *Full Name of Father* jacob murray
9. *Father's Occupation* laborer
10. *Father's Birthplace* virginia

*Name of Medical Attendant*, or other Person who makes this Return. mrs Lydia Porter

*Address* no 4 patapsco avenue

*Remarks* healthy child

**Rec'd Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19285

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | July 7 877 |
| 4. Place of Birth (Street and Number) | 94 South Chappel |
| 5. Full Name of Mother | Elisa Drappert |
| 6. Mother's Maiden Name | " " " Furst |
| 7. Mother's Birthplace | Baden |
| 8. Full Name of Father | John Drappert |
| 9. Father's Occupation | Tailor |
| 10. Father's Birthplace | Helbach |
| Name of Medical Attendant, or other Person who makes this Return. | M. Lederer |
| Address | 25 S Durham Str |
| Remarks | |

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19286

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** July 7th 1877

JUL 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 1877.
4. *Place of Birth (Street and Number)* 268 Alice ann
5. *Full Name of Mother* Frances Giese.
6. *Mother's Maiden Name* Frances Schmenzel.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Giese
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs St. Amend.

*Address* No 137 Wolfe St

*Remarks* —

**Feet Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19287

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 12 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 7th |
| *4. Place of Birth (Street and Number)* | 50 Aisquith St. |
| *5. Full Name of Mother* | Mary Schmidt |
| *6. Mother's Maiden Name* | Schmidt |
| *7. Mother's Birthplace* | Wurtemburg |
| *8. Full Name of Father* | Theodor Schmidt |
| *9. Father's Occupation* | Cane maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Kroh |
| *Address* | 228 Eutaw St. |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

***rect Record of Vital Statistics in the City of Baltimore.***

# RETURN OF A BIRTH.

19288

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
11
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 7th July 1877 |
| *4. Place of Birth (Street and Number)* | No. 323 N. Amer St. |
| *5. Full Name of Mother* | Francis O'Callaghan |
| *6. Mother's Maiden Name* | " Rooney |
| *7. Mother's Birthplace* | Leavenworth Kansas |
| *8. Full Name of Father* | William O'Callaghan |
| *9. Father's Occupation* | Steam Carpet Cleaning |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | E. F. Bons M.D. |
| *Address* | 106 E. Balto. St. |
| *Remarks* | |

***Red Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19289

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 7th 1877 |
| *4. Place of Birth (Street and Number)* | 18 South Vincent Alley |
| *5. Full Name of Mother* | Honora Dillon |
| *6. Mother's Maiden Name* | Honora Curtin |
| *7. Mother's Birthplace* | County Limerick Ireland |
| *8. Full Name of Father* | Mathew Dillon |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | County Limerick Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Linthner |
| *Address* | 45 Monroe Street |
| *Remarks* | is a good & Satisfactory attendent Skilfull in the discharge of duties |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19290

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 7th 1877 |
| *4. Place of Birth (Street and Number)* | 163 W. Lombard St. (Maternite) |
| *5. Full Name of Mother* | Emma White |
| *6. Mother's Maiden Name* | " " |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Unknown |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Wm Gombel |
| *Address* | 163 W. Lombard St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19291

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th
4. Place of Birth (Street and Number) Corner of Gaul and Adison Alley
5. Full Name of Mother Mary Doyel
6. Mother's Maiden Name Mary Mooney
7. Mother's Birthplace Doublin Ireland
8. Full Name of Father Michele Doyel
9. Father's Occupation Laborer for the Balto and Ohio railroad
10. Father's Birthplace Doublin Ireland

Name of Medical Attendant, or other Person who makes this Return. M. J. Lemand

Address No. 433 W. Mo. Henry St.

Remarks Strong healthy child

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19292

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 7th July
4. *Place of Birth (Street and Number)* Fredrich. ave. 96.
5. *Full Name of Mother* Mrs. Mary Nighthardt
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore. County.
8. *Full Name of Father* Fredrich. Colemann.
9. *Father's Occupation* rope. Spinner
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Ama Dumbe 60 Shoeden

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1929.3

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 7/77
4. *Place of Birth* (Street and Number) 119 W. Lombard St
5. *Full Name of Mother* Anna A. Maloney
6. *Mother's Maiden Name* Anna A. Buehler
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* James Maloney
9. *Father's Occupation* Builder
10. *Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. E. Sindair

*Address*

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children**

# RETURN OF A BIRTH.

19294

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 7th |
| *4. Place of Birth (Street and Number)* | 23 Hamburg |
| *5. Full Name of Mother* | Georgiana Candy |
| *6. Mother's Maiden Name* | Unknown |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm Candy |
| *9. Father's Occupation* | Brickmaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Angeline Wilson |
| *Address* | 3 & 3 Cross St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19295

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8 July |
| *4. Place of Birth (Street and Number)* | 18 Forest Place |
| *5. Full Name of Mother* | Ellen Bayley |
| *6. Mother's Maiden Name* | Rattay |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Henry Bayley |
| *9. Father's Occupation* | Brass Finisher |
| *10. Father's Birthplace* | Philadelphia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J. Simmons |
| *Address* | No 22 Forest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19296

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Whit
3. *Date of Birth* 8 July
4. *Place of Birth (Street and Number)* 88 Central Ave
5. *Full Name of Mother* Martha Miller
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Julius Miller
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby Street

*Remarks*

**...rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19297

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eleventh |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 8th 1877 |
| *4. Place of Birth (Street and Number)* | No 77 Montgomery St. |
| *5. Full Name of Mother* | Annie E. Robinson |
| *6. Mother's Maiden Name* | Annie E. Cook |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George W. Robinson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Montgomery Co Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Md Jare Winnebergen |
| *Address* | 23 N. Liberty St |
| *Remarks* | |

19298

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4 d.

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Jul 8 1877

*4. Place of Birth (Street and Number)* 157 E. Pittelstrl

*5. Full Name of Mother* Marie T. Semf

*6. Mother's Maiden Name* M. T. Williams

*7. Mother's Birthplace* Baltimor

*8. Full Name of Father* Michael Semf

*9. Father's Occupation* Butcher

*10. Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. M. R. Rudiger

*Address* 134 N Bondstrl

*Remarks*

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19299

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 10 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Nine

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* [illegible]

*4. Place of Birth (Street and Number)* [illegible]

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* [illegible]

*8. Full Name of Father* [illegible]

*9. Father's Occupation* [illegible]

*10. Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19300

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 10 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Four Children.

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* On the 8th of July 1877.

*4. Place of Birth (Street and Number)* No. 4 Hudson St.

*5. Full Name of Mother* Sophie Volz.

*6. Mother's Maiden Name* Sophie Hamburg.

*7. Mother's Birthplace* Grosz Herzhoothum Darmstadt.

*8. Full Name of Father* William Volz.

*9. Father's Occupation* Labor

*10. Father's Birthplace* Grosz Herzhoothum Darmstadt

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Misses Elizabeth Schmidt.

*Remarks* No. 476 Penn. Ave.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19301

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 9 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* fourth

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 8 th of july
4. *Place of Birth (Street and Number)* harmony lane 441
5. *Full Name of Mother* hariet Dorsey
6. *Mother's Maiden Name* hariet bleyet
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* john Dorsey
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Lydia somerville

*Address* clinton avenue No 13

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19302

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | female |
| *1. Sex (state whether Male or Female)* | |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 8th 1877 |
| *4. Place of Birth (Street and Number)* | 44 E Lombard St |
| *5. Full Name of Mother* | Agnes Clark |
| *6. Mother's Maiden Name* | Bell |
| *7. Mother's Birthplace* | United State |
| *8. Full Name of Father* | George Clark |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | United State |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Thayer |
| *Address* | 52 E Lombard St |
| *Remarks* | |

# RETURN OF A BIRTH.

19303
19311

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 & 4 |
| *1. Sex (state whether Male or Female)* | male twins |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 5th 1877 |
| *4. Place of Birth (Street and Number)* | 192 Eden St |
| *5. Full Name of Mother* | Christina Meyer |
| *6. Mother's Maiden Name* | Christina Kark |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Jacob Meyer |
| *9. Father's Occupation* | Stonecutter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Baker |
| *Address* | 52 E Lombard Str |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19305

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) ~~X~~ Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* July 2nd
4. *Place of Birth* (Street and Number) No 3 Russell st
5. *Full Name of Mother* Sarah. Fisher
6. *Mother's Maiden Name* Zimmerman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benj. F. Fisher
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Chas. S. Hunter

*Address* 23 N. Hopkins Pl

*Remarks* Lived about one hour

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19306

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

JUL 13 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1.rst

1. *Sex* (state whether Male or Female) female.
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sunday July the 8.th 18.77.
4. *Place of Birth* (Street and Number) 244. Cross. St.
5. *Full Name of Mother* Debbey Riley
6. *Mother's Maiden Name* Debbey [redacted]. Banks.
7. *Mother's Birthplace* Dorchester County. md.
8. *Full Name of Father* William. Riley.
9. *Father's Occupation* Arabe.
10. *Father's Birthplace* Baltimann md

*Name of Medical Attendant,* or other Person who makes this Return. Nancy Lagg

*Address* 244. Cross. St.

*Remarks* Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19807

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8a |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July the 8th 1877 |
| *4. Place of Birth (Street and Number)* | 217 Aliceanna Street |
| *5. Full Name of Mother* | Maria Krafft |
| *6. Mother's Maiden Name* | " " Ludwig |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Anton Kraft |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Fredrika Kaufman |
| *Address* | 178 corner Dallas & Eastern av |
| *Remarks* | |

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19308

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 8/77
4. *Place of Birth* (Street and Number) 23 Dover St
5. *Full Name of Mother* Mary Dehue
6. *Mother's Maiden Name* Mary Vonder Heide
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Dehue
9. *Father's Occupation* Paver
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. E Lindsay

*Address*

*Remarks*

# RETURN OF A BIRTH.

19309

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 16 1917
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Anna R Ross 1

1. *Sex* (state whether Male or Female) first female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Born on Sunday the eight
4. *Place of Birth* (Street and Number) Baltimore dores 212
5. *Full Name of Mother* Anna R Ross agl 20
6. *Mother's Maiden Name* Nat married
7. *Mother's Birthplace* fredrick county
8. *Full Name of Father* Thomas Smith
9. *Father's Occupation* Labors
10. *Father's Birthplace* in [redacted] virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Richardson doctress

*Address*

*Remarks* 212 dores st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19310

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 14 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 8th July 1877
4. Place of Birth (Street and Number) 96 E. Lombard St.
5. Full Name of Mother Agnes Clark
6. Mother's Maiden Name " Bell
7. Mother's Birthplace U. S.
8. Full Name of Father George Clark
9. Father's Occupation Laborer
10. Father's Birthplace U. S.

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspar

Address No 52 E Lombard St.

Remarks Died July 13th of convulsion

Old Cathedral Cemetery Geo C Rodenmayer 38 Eastern Ave Undertaker

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19311

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 12 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | 2nd |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | July 3 |
| 4. *Place of Birth* (Street and Number) | 3 L Paca St |
| 5. *Full Name of Mother* | Mary Sach |
| 6. *Mother's Maiden Name* | Redle |
| 7. *Mother's Birthplace* | Hessendarmstadt |
| 8. *Full Name of Father* | Theodore Sach |
| 9. *Father's Occupation* | Watchmaker |
| 10. *Father's Birthplace* | Prussia |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Kroh |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Fee: Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19312

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 12 1877
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8 July |
| *4. Place of Birth (Street and Number)* | 234 Montgomery St |
| *5. Full Name of Mother* | Anna Freyed |
| *6. Mother's Maiden Name* | Mueller |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Freyed |
| *9. Father's Occupation* | Black-Smith |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Koch |
| *Address* | 334 Eutaw St. |
| *Remarks* | |

19313

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 8th 1877.
4. *Place of Birth (Street and Number)* No. 15. Hillen St.
5. *Full Name of Mother* Mary Drane.
6. *Mother's Maiden Name* Mary Dadey.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John J. Drane.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19311

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 8. 1877. |
| *4. Place of Birth (Street and Number)* | No. 91. Hilton St. |
| *5. Full Name of Mother* | Rosana Curran. |
| *6. Mother's Maiden Name* | Rosana Harrison. |
| *7. Mother's Birthplace* | Ireland. |
| *8. Full Name of Father* | Henry Curran. |
| *9. Father's Occupation* | Porter. |
| *10. Father's Birthplace* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dang Gilleid. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19315

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3d child born July the 8 1917 |
| 1. *Sex* (state whether Male or Female) | male |
| 2. *Race or Color* (if not of the white race) | colord |
| 3. *Date of Birth* | Baltimore |
| 4. *Place of Birth* (Street and Number) | Tally Hawkins |
| 5. *Full Name of Mother* | no 21 Burgundy Ste |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | Baltimore Md |
| 8. *Full Name of Father* | Manuel Hawkins |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Jane Richardson |
| *Address* | dover street 212 |
| *Remarks* | |

Pleade Excuse for not sending this before

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1931 5 1/2

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

19316

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 8th July 1877
4. *Place of Birth (Street and Number)* 192 N. Dallas St.
5. *Full Name of Mother* Christine Rash.
6. *Mother's Maiden Name* " Mocco
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Mocco
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Mrs Sara Casper

*Address* 52 E. Lombard Street

*Remarks* died the 19th July 1877 on weakness

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 19317

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 8th 1877 |
| *4. Place of Birth (Street and Number)* | No 135 N. Spring Street |
| *5. Full Name of Mother* | Mary Schumack. |
| *6. Mother's Maiden Name* | Mary Cunnulian. |
| *7. Mother's Birthplace* | Essen Germany. |
| *8. Full Name of Father* | Jacob Schumack. |
| *9. Father's Occupation* | Schoemaker. |
| *10. Father's Birthplace* | Essen Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. M. D. Butler. |
| *Address* | No 101 N. Central ave. |
| *Remarks* | All Well. |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19318

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 8th 1877 |
| *4. Place of Birth (Street and Number)* | 24 Clement St |
| *5. Full Name of Mother* | Charlotte Mumford |
| *6. Mother's Maiden Name* | Charlotte Gundlach |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Isaac Mumford |
| *9. Father's Occupation* | Engineman B & O R R |
| *10. Father's Birthplace* | Hedgeck Co. Ind |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Custis M D |
| *Address* | |
| *Remarks* | |

19319

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* ~~Female~~ Male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* July 9th

*4. Place of Birth (Street and Number)* No. 236 Biddle Str.

*5. Full Name of Mother* Elisabeth Burkart

*6. Mother's Maiden Name* Dietrich

*7. Mother's Birthplace* Interlaken Swize Europe

*8. Full Name of Father* Nicholas Burkart

*9. Father's Occupation* Glergeman

*10. Father's Birthplace* Prussie

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Hinna [illegible]

*Address* 228 Preston St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Ouw 19320

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Name: John Adam Vollmerhausen

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth Child

1. *Sex (state whether Male or Female)* A Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th of July 1877
4. *Place of Birth (Street and Number)* 32 North Durham St
5. *Full Name of Mother* Christine (~~Cristina~~) Vollmerhausen
6. *Mother's Maiden Name* " Cristina (Vollmerhausen)
7. *Mother's Birthplace* Fr. Baltimore
8. *Full Name of Father* Seibert (Seibert) (Vollmerhausen) Vollmerhausen
9. *Father's Occupation* Brother
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 11 North Grappel St pr John Kunkel

*Remarks* Healthy

HEALTH DEPARTMENT JUL 10 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19321

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 10 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* A Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 1st of July 1877

*4. Place of Birth (Street and Number)* 175 Saturian Alley

*5. Full Name of Mother* Kate Marg

*6. Mother's Maiden Name* Kate Shneider

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Casper Shneider

*9. Father's Occupation* Laborman

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 71 North Chappel st for John Kunkel

*Remarks* Delicat

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19322

# RETURN OF A BIRTH.

GIVEN NAME ADDED 8-1-56

*To the Office of Registrar of Vital Statistics, Board of Health,*

*BALTIMORE CITY*

Name: Charlotte Saunders Church

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*Sex (state whether Male or Female)*

*Race or Color (if not of the white race)*

*Date of Birth* July 9, 1877

*Place of Birth (Street and Number)* Park Av. & Innocent St

*Full Name of Mother* Cornelia Church

*Mother's Maiden Name* Cornelia Grapy

*Mother's Birthplace* Balto.

*Full Name of Father* Edward I Church

*Father's Occupation* Bank Cashier

*Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. H M Watson

*Address* 251 Madison Ave

*Remarks*

JUL 3 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19323

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* july 9
4. *Place of Birth (Street and Number)* 198 chesnut st
5. *Full Name of Mother* Elenorah hurst
6. *Mother's Maiden Name* Elenoarh Gray
7. *Mother's Birthplace* penrylpana
8. *Full Name of Father* John Hirsk
9. *Father's Occupation* Barber
10. *Father's Birthplace* pizzina

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Clear Johnson

*Address* no 32 short st

*Remarks* healthy ~~[illegible]~~ child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19324

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 9th 77

*4. Place of Birth (Street and Number)* Lew St 116

*5. Full Name of Mother* Babbitt Dietman

*6. Mother's Maiden Name* Hoverlett

*7. Mother's Birthplace* Berlin Europe

*8. Full Name of Father* John Dietman

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Berlin Europe

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Rose Hill

*Address* 48 Holland St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19325

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* July 9th 11

4. *Place of Birth* (Street and Number) 381 Mohenry st

5. *Full Name of Mother* Fannie Bantola

6. *Mother's Maiden Name* Fannie Baldwin

7. *Mother's Birthplace* Baltimore.

8. *Full Name of Father* Emert Bantola

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Katherine Doll.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19326

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

JUL 14 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 2d 1877
4. *Place of Birth* (Street and Number) No 49 Burgundy alley
5. *Full Name of Mother* Emma Woods
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Bath City
8. *Full Name of Father* William Henry Woods
9. *Father's Occupation* Arab
10. *Father's Birthplace* Accomac County Va

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Thomas

*Address* No 71 Burgundy Alley

*Remarks*

19327

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First (1st)

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 9th 1877

*4. Place of Birth (Street and Number)* No 117 Lexington St.

*5. Full Name of Mother* Mary Pape.

*6. Mother's Maiden Name* Mary Salzer

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Henry Pape.

*9. Father's Occupation* Deceased (was a Merchant)

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Jno. D Blake. M.D.

*Address* No 140 Scott St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19328

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

Name: Michael Mehring July 10th 1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 9th 1877
4. Place of Birth (Street and Number) 351 Eastern Ave
5. Full Name of Mother Katie Mehring
6. Mother's Maiden Name Katie Eisenhauer
7. Mother's Birthplace America
8. Full Name of Father Michael Mehring
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No. 137 Wolfe St.

Remarks //

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19329

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 6th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 9th

*4. Place of Birth (Street and Number)* 340 W. Pratt St.

*5. Full Name of Mother* Sophia Hellwig

*6. Mother's Maiden Name* Edeler

*7. Mother's Birthplace* Preussia

*8. Full Name of Father* Wm Hellwig

*9. Father's Occupation* Baker

*10. Father's Birthplace* Kurhessen

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19330

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 12 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 8te |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 9 July |
| *4. Place of Birth (Street and Number)* | 215 Light St |
| *5. Full Name of Mother* | Barbara Hick |
| *6. Mother's Maiden Name* | Biebelein |
| *7. Mother's Birthplace* | Bavaria |
| *8. Full Name of Father* | Joseph Hick |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Sachsen |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Krotz |
| *Address* | 828 S Eutaw St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19231

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. Child. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | 14th day of July. 1877 |
| *4. Place of Birth (Street and Number)* | No 17. Sterett st. |
| *5. Full Name of Mother* | Mrs Mary Pramar. |
| *6. Mother's Maiden Name* | Miss Mary. Graner. |
| *7. Mother's Birthplace* | Baltimore. M. D. |
| *8. Full Name of Father* | George. W. Pramar. |
| *9. Father's Occupation* | Cannaker. |
| *10. Father's Birthplace* | Baltimore M. D. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Seebacks. |
| *Address* | 439 West Sterett st |
| *Remarks* | Midwife. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19332

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second (2d) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 4th 1877 |
| *4. Place of Birth (Street and Number)* | No 2 S. Ann St. |
| *5. Full Name of Mother* | Mrs. Mary E. Shadrach |
| *6. Mother's Maiden Name* | Miss Mary E. Wilson |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Mr. John T. Shadrach |
| *9. Father's Occupation* | Brass Moulder |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm H. Schneidereit M.D. |
| *Address* | No. 102 N. Broadway |
| *Remarks* | |

# RETURN OF A BIRTH.

19338

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

JUL 18 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) colord
3. *Date of Birth* july 9 1877
4. *Place of Birth* (Street and Number) no 1 carlton av
5. *Full Name of Mother* annie scott
6. *Mother's Maiden Name* annie moore
7. *Mother's Birthplace* Eastn shore md
8. *Full Name of Father* laborer daniel scott
9. *Father's Occupation* laborer
10. *Father's Birthplace* annapolis neck

*Name of Medical Attendant,* or other Person who makes this Return. mrs proctor

*Address* 1 o carlton av

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

193311

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 9th 1877 |
| *4. Place of Birth (Street and Number)* | 118 N. Schroeder |
| *5. Full Name of Mother* | Elizabeth Mackabee |
| *6. Mother's Maiden Name* | Brown |
| *7. Mother's Birthplace* | Balto. City. |
| *8. Full Name of Father* | Samuel Mackabee |
| *9. Father's Occupation* | Turner & Wood |
| *10. Father's Birthplace* | Anne A. Arundel Co. Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis K. Knight M.D |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

JUL 16 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19335

RECEIVED
JUL 16 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 9th 1877. |
| *4. Place of Birth (Street and Number)* | 127 Pierce St. |
| *5. Full Name of Mother* | Mary E Mehrling |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Frederick City md |
| *8. Full Name of Father* | Henry Mehrling |
| *9. Father's Occupation* | Engineer U. S. Court House |
| *10. Father's Birthplace* | Frederick City Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophie Wenzel |
| *Address* | 50 Carlton St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19336

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

JUL 20 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colerd
3. *Date of Birth* July 9
4. *Place of Birth* (Street and Number) 49 Moores Alley
5. *Full Name of Mother* Emma Felotoy
6. *Mother's Maiden Name* Emma Cornish
7. *Mother's Birthplace* Dorchester Co
8. *Full Name of Father* Samuel Felton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* North Carolina

*Name of Medical Attendant*, or other Person who makes this Return. Lucy Ann Cornish

*Address*

*Remarks*

19337

# RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Fourth Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 9th 1877

*4. Place of Birth (Street and Number)* Cor. of Bank St. & Duncan Alley

*5. Full Name of Mother* Maggie Anderson

*6. Mother's Maiden Name* Mc Loughlin

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Robert Anderson

*9. Father's Occupation* Ship Smith

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. M. J. Cates

*Address* 2 S 14 Bank St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19338

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July . 10. 1877
4. *Place of Birth (Street and Number)* 141 chester st
5. *Full Name of Mother* Annie tompson
6. *Mother's Maiden Name* Annie mclaughlin
7. *Mother's Birthplace* ireland
8. *Full Name of Father* Jame. d tompson
9. *Father's Occupation* police. officer
10. *Father's Birthplace* norway

*Name of Medical Attendant, or other Person who makes this Return.* mary conner. 153 chaptank st

*Address*

*Remarks*

19339

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* the 10 of July 1877

*4. Place of Birth (Street and Number)* No 30 Jewel Alley

*5. Full Name of Mother* Phipa Campbell

*6. Mother's Maiden Name* P Goldin

*7. Mother's Birthplace* Baltimore County

*8. Full Name of Father* Robert Henry Cammel

*9. Father's Occupation* Porter in Store

*10. Father's Birthplace* Zurich Burg Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Rosa Williams

*Address* No 70 Chestnut Street

*Remarks* Mother And Child doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

193440

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 16 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* | 5te 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 10. 1877 |
| *4. Place of Birth (Street and Number)* | South Wolfst No 52 |
| *5. Full Name of Mother* | Theresia Tyl |
| *6. Mother's Maiden Name* | Theresia Fridel |
| *7. Mother's Birthplace* | Frammersbach Bayern |
| *8. Full Name of Father* | Flavian Tyl |
| *9. Father's Occupation* | Tabor |
| *10. Father's Birthplace* | Frammersbach Bayern |
| *Name of Medical Attendant,* or other Person who makes this Return. | Chs Johann Baumbach |
| *Address* | South Wolfst No 28 |
| *Remarks* | Chs Imp |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19311

JUL 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 10th 1877. |
| *4. Place of Birth (Street and Number)* | 141 Lower Street. |
| *5. Full Name of Mother* | Elisa Dammer |
| *6. Mother's Maiden Name* | E. Nungl. |
| *7. Mother's Birthplace* | Hessen Germany |
| *8. Full Name of Father* | Andreas Dammer |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Hessen Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Mensel |
| *Address* | 15 East Street. |
| *Remarks* | |

19342

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Primepara |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | July 10th 77 |
| 4. Place of Birth (Street and Number) | 215 N. Carey St |
| 5. Full Name of Mother | Sarah White |
| 6. Mother's Maiden Name | Sarah Cook |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Wm P. White |
| 9. Father's Occupation | Insurance Agent |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | A H Saxton M.D. |
| Address | 543 Lexington St |
| Remarks | (Delivery by Forceps) |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19343

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)*

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10/77
4. *Place of Birth (Street and Number)* 338 William St
5. *Full Name of Mother* Sarah Ellen Gosnall
6. *Mother's Maiden Name* Sarah Ellen Aldridge
7. *Mother's Birthplace* Virginia (Landon Co)
8. *Full Name of Father* Wm P Gosnall
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Carroll Co Md.

*Name of Medical Attendant,* or other Person who makes this Return. K. Spear Md

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19324

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 10th 1877 |
| *4. Place of Birth (Street and Number)* | 170 Mulberry |
| *5. Full Name of Mother* | Helen L Hall |
| *6. Mother's Maiden Name* | Boyle |
| *7. Mother's Birthplace* | Va |
| *8. Full Name of Father* | Willoughby Newton Hall |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Va |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. E. Linthicum MD |
| *Address* | 159 Park Ave |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19345

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 10 of July 1876 |
| *4. Place of Birth (Street and Number)* | 31 Bank st |
| *5. Full Name of Mother* | Cathrine Lucas |
| *6. Mother's Maiden Name* | Cathrien Kehoe |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Samuel Lucas |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park Avenue |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19346

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 10th 1877 |
| *4. Place of Birth (Street and Number)* | 347 Penna Ave |
| *5. Full Name of Mother* | Josephine V. Griffith |
| *6. Mother's Maiden Name* | Jessop |
| *7. Mother's Birthplace* | Balt Co. |
| *8. Full Name of Father* | Geo. G. Griffith |
| *9. Father's Occupation* | Storekeeper |
| *10. Father's Birthplace* | Baltimore Co. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Eliat C. Price M.D. |
| *Address* | 262 Madison |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19347

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 10th 1877

*4. Place of Birth (Street and Number)* No 142 N. Centrel avenue

*5. Full Name of Mother* Sophia Fochner

*6. Mother's Maiden Name* Sophia Goche

*7. Mother's Birthplace* Prusia Germany

*8. Full Name of Father* Frances Fochner

*9. Father's Occupation* Blacksmith Shop

*10. Father's Birthplace* Baden Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No 181 N. Centrel avenue

*Remarks* All Well

19348

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 10th /77
4. *Place of Birth (Street and Number)* 139 Forrest St.
5. *Full Name of Mother* Louisa Sturtz
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Sylvester Sturtz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baden Europe

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R Ulbig

*Address* 4 8 Holland St W

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19349

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH IN PARTICULAR JUL 14 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Blk
3. Date of Birth July 10. 77
4. Place of Birth (Street and Number) 335 N. Howard St
5. Full Name of Mother Sarah E. Adams
6. Mother's Maiden Name " " Myers
7. Mother's Birthplace md
8. Full Name of Father Charles Adams
9. Father's Occupation Waiter
10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. G L Tanneyhill

Address 12 W Biddle

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~19346~~ 19350

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) fifth Child

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* April 10
4. *Place of Birth* (*Street and Number*) 102 Raborg Street
5. *Full Name of Mother* Mrs Mary Louisa Wright
6. *Mother's Maiden Name* Miss Mary Louisa Holland
7. *Mother's Birthplace* Goth Goth Va
8. *Full Name of Father* Mr Reuben Wright
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Lancaster Co Va

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Eldora Stutes

*Address* 42 Sharp Street alley

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19331

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPT JUL 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | ~~Colored~~, Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 10th 1877 |
| *4. Place of Birth (Street and Number)* | 63 Duncan Alley |
| *5. Full Name of Mother* | Mary Ellen Hooks |
| *6. Mother's Maiden Name* | Mary Ellen Chase |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | George Hooks |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Matthews Co. Va. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Henrietta F. Glascor |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19352

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 4th. 1877
4. *Place of Birth (Street and Number)* E. Pratt St. No. 283.
5. *Full Name of Mother* Louise Schaub
6. *Mother's Maiden Name* Louise Holzen
7. *Mother's Birthplace* Winterfeld N. Preussen. Germany
8. *Full Name of Father* Louis Schaub
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Ebingen. N. Preussen

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

19353

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the. 10. 1874
4. *Place of Birth (Street and Number)* Hampstead St. No. 27.
5. *Full Name of Mother* Ernestine Newman
6. *Mother's Maiden Name* Ernestine Oestreicher
7. *Mother's Birthplace* München. K. Baiern. Germany
8. *Full Name of Father* Joseph Newmann
9. *Father's Occupation* Amparel Maker
10. *Father's Birthplace* Kauschan K. K. Oestreich. Europa

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

193511

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 13 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 10 1877 |
| *4. Place of Birth (Street and Number)* | 148 S Castle Str |
| *5. Full Name of Mother* | Kunigunda Essner |
| *6. Mother's Maiden Name* | " " " " Kratzer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Julius Essner |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. Lederer |
| *Address* | 35 S Durham Sts. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19356

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

JUL 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 12 ty |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 10 |
| *4. Place of Birth (Street and Number)* | Druid Hill Av. & Hoffman |
| *5. Full Name of Mother* | Barbara Sonnhild |
| *6. Mother's Maiden Name* | Barbara Bragg |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Sonnhild |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | H A Wilson |
| *Address* | 257 Madison Ave |
| *Remarks* | |

19356

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** July 11th 1877

HEALTH DEPARTMENT 12 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10th 1877.
4. *Place of Birth (Street and Number)* 19 Elliott St
5. *Full Name of Mother* Katie Hartmann
6. *Mother's Maiden Name* Katie Mader
7. *Mother's Birthplace* America
8. *Full Name of Father* John Hartmann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Sharg Amend

*Address* No. 137 Wolf St.

*Remarks* A

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19357

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 10th of July. |
| *4. Place of Birth (Street and Number)* | Boundary Ave. no number. |
| *5. Full Name of Mother* | Mary Roach. |
| *6. Mother's Maiden Name* | " Essington |
| *7. Mother's Birthplace* | Pennsylvania |
| *8. Full Name of Father* | Oswald Roach. |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Frosby. |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19358

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3 h |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | " |
| *3. Date of Birth* | 10. Juli 1877 |
| *4. Place of Birth (Street and Number)* | Eastern Av. 198 |
| *5. Full Name of Mother* | Emma Harrison |
| *6. Mother's Maiden Name* | Pitsche |
| *7. Mother's Birthplace* | England |
| *8. Full Name of Father* | Johan Harrison |
| *9. Father's Occupation* | Maschinist |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Mrs. Louise Kraft. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19358½

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 11th 1877 |
| 4. *Place of Birth (Street and Number)* | 198 Eastern av. |
| 5. *Full Name of Mother* | Emma Herrison |
| 6. *Mother's Maiden Name* | Ritshy |
| 7. *Mother's Birthplace* | England |
| 8. *Full Name of Father* | John Herrison |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace* | England |
| *Name of Medical Attendant, or other Person who makes this return* | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19359

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | " |
| *3. Date of Birth* | 10. Juli 1877 |
| *4. Place of Birth (Street and Number)* | Canton Av. 273 |
| *5. Full Name of Mother* | Margaretha Schmidt |
| *6. Mother's Maiden Name* | Hamburg |
| *7. Mother's Birthplace* | Emden Ost. |
| *8. Full Name of Father* | Gerhard Schmidt |
| *9. Father's Occupation* | Seemann |
| *10. Father's Birthplace* | Emden |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Mrs. Louise Straft. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1935 9/2

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d. |
| 1. *Sex (state whether Male or Female)* | Male, |
| 2. *Race or Color (if not of the white race)* | Male |
| 3. *Date of Birth* | July 11 10 1877 |
| 4. *Place of Birth (Street and Number)* | 273 Canton av |
| 5. *Full Name of Mother* | Margeritha Schmidt |
| 6. *Mother's Maiden Name* | " " Hamburg |
| 7. [redacted] *Birthplace* | Germany |
| 8. *Full Name of Father* | Gerhard Schmidt |
| 9. *Father's Occupation* | Seeman |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Mrs Louise Wraft |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19360

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

*Name of child* Richard Arthur Lowe

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Ninth (9th)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10th, 877
4. *Place of Birth (Street and Number)* No. 119 Bank St. Cor. Register
5. *Full Name of Mother* Mrs. Elizabeth V. Lown
6. *Mother's Maiden Name* Miss Elizabeth V. Bell
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Mr. John B. Lown
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Philadelphia Pa.

*Name of Medical Attendant, or other Person who makes this Return.* Wm H. Clendinen M.D.

*Address* No. 102 N. Broadway

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19361

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 10th 1877 |
| *4. Place of Birth (Street and Number)* | No 98 Thames st |
| *5. Full Name of Mother* | Ellen Turnbull |
| *6. Mother's Maiden Name* | Ellen Cromwell |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | John L. Turnbull |
| *9. Father's Occupation* | Block & Pump Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Thomas J. Evans M.D |
| *Address* | No 18 Jackson Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19362

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7th 11 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 10th |
| *4. Place of Birth (Street and Number)* | 2014 Prospect Lane |
| *5. Full Name of Mother* | Rachel M Lowery |
| *6. Mother's Maiden Name* | " " Emmett |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Isaiah Lowry |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | B J Emmitt MD |
| *Address* | 189 Aisquith St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19363

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 11 |
| *4. Place of Birth (Street and Number)* | 352 W. Pratt Street |
| *5. Full Name of Mother* | T. Reymont |
| *6. Mother's Maiden Name* | T. Everton |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | T. D. Reymont |
| *9. Father's Occupation* | Print Store |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wensell |
| *Address* | 36 Park St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19361

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 16th 1877. |
| *4. Place of Birth (Street and Number)* | 301 n. Caroline Street. |
| *5. Full Name of Mother* | Anna Schenk |
| *6. Mother's Maiden Name* | A Koller |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Schenk |
| *9. Father's Occupation* | Druggist. |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenck |
| *Address* | 36 Caroline Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19365

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* July 10
4. *Place of Birth (Street and Number)* 2 Nores alley . 7
5. *Full Name of Mother* Martha White
6. *Mother's Maiden Name* Martha Towsel
7. *Mother's Birthplace* Snow hill
8. *Full Name of Father* Luther White
9. *Father's Occupation* Steavendore
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this return* harriet gipson

*Address* 2 Nores alley . 7

*Remarks* 5 dollars

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19366

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 16 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 4te

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* Juli 11. 1877

*4. Place of Birth (Street and Number)* Hampter str No 75

*5. Full Name of Mother* Franziska Gasenketter

*6. Mother's Maiden Name* Franziska Wagner

*7. Mother's Birthplace* Arberg Baern

*8. Full Name of Father* Wilhelm Gessenketter

*9. Father's Occupation* Lagerbeer Salon halter

*10. Father's Birthplace* Greben Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Braupach

*Address* South Wolfstr No 28

*Remarks* Lindnerfe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its/or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19367

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 11 |
| *4. Place of Birth (Street and Number)* | 314 Franklin St. |
| *5. Full Name of Mother* | Sarah Taylor |
| *6. Mother's Maiden Name* | Sarah Forney |
| *7. Mother's Birthplace* | Pennsylvania |
| *8. Full Name of Father* | John D. Taylor |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. Wilson |
| *Address* | 257 Madison Ave |
| *Remarks* | |

# RETURN OF A BIRTH.

19368

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 13 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 11 of July. |
| *4. Place of Birth (Street and Number)* | 398 E. Alice Anna St |
| *5. Full Name of Mother* | Maggie Burr |
| *6. Mother's Maiden Name* | Maggie Zrenner. |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Peter Burr |
| *9. Father's Occupation* | Laborer. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No Paterson Park Avenue |
| *Remarks* | |

*That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

19369

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kinder

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) Weiß Kind
3. Date of Birth 11ten Juli 1877
4. Place of Birth (Street and Number) Nro 267 Mulberry Strit
5. Full Name of Mother Wilhelmina Bessler
6. Mother's Maiden Name Wilhelmina Sihzzbach
7. Mother's Birthplace in Baltimore
8. Full Name of Father Heinrich Bessler
9. Father's Occupation Schreiner
10. Father's Birthplace in Deutschland

Name of Medical Attendant, or other Person who makes this Return. Hebamme Theresia Eigeldinger

Address No 14 Junior Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13969½

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPT. JUL 13 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 11th 1877
4. *Place of Birth* (Street and Number) 116 N. Caroline St
5. *Full Name of Mother* Georgiana Conoway Jones
6. *Mother's Maiden Name* Cambridge
7. *Mother's Birthplace* Wm E Conoway
8. *Full Name of Father* Laborer
9. *Father's Occupation* Cambridge
10. *Father's Birthplace* Mrs Louisa Wheeler

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* 119 N. E. Dallas St

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19370

HEALTH DEPARTMENT JUL 13 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 11th 1877
4. *Place of Birth (Street and Number)* 222 Shakspear Street
5. *Full Name of Mother* Johanna Hacke
6. *Mother's Maiden Name* " " " Vatter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Hacke
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Frederika Kaufman

*Address* 278 corner Dallas & Eastern av.

*Remarks*

# RETURN OF A BIRTH.

19371

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 29 '67 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 9th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 11th 1867 |
| *4. Place of Birth (Street and Number)* | No 62 Chester st |
| *5. Full Name of Mother* | Mary Barddroff |
| *6. Mother's Maiden Name* | " Tribbe |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Ludwig Barddroff |
| *9. Father's Occupation* | Coal Dealer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19372

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 27 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 19th 1877
4. Place of Birth (Street and Number) 426 Canton Ave
5. Full Name of Mother Madeline Friessner
6. Mother's Maiden Name " Gebhart
7. Mother's Birthplace Germany
8. Full Name of Father Johan Friissner
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19373

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 11th 1877
4. *Place of Birth (Street and Number)* #29 Philpott Aly.
5. *Full Name of Mother* Rachel Eigner
6. *Mother's Maiden Name* " Weigel
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Michael Eigner
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R Gilbig

*Address* 4 8th Holland Pk

*Remarks*

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19374

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* [illegible]

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* [illegible]

*4. Place of Birth (Street and Number)* 397 S. Schuyler St. Baltimore Md

*5. Full Name of Mother* Kate Fisher

*6. Mother's Maiden Name* Kate Spencer

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* Christoph David Fisher

*9. Father's Occupation* Cooper

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* 397 S. Schuyler St. B. Md

*Remarks* Mrs. M. Kenny

No. Dr. Leaden Hall Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19375

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 12 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 11th |
| *4. Place of Birth (Street and Number)* | 355 Hanover St. |
| *5. Full Name of Mother* | Berlina Platt |
| *6. Mother's Maiden Name* | Linden |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | George Platt |
| *9. Father's Occupation* | Frame maker |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Koch |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19376

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 11th 1877
4. Place of Birth (Street and Number) 48 Henrietta St
5. Full Name of Mother Hannah E. Kreil
6. Mother's Maiden Name Shumacker
7. Mother's Birthplace Balt
8. Full Name of Father Chas G. Kreil
9. Father's Occupation Butcher & Co
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return.

Address John Morris M.D.

Remarks 5 Franklin

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | |
| *1. Sex (state whether Male or Female)* | |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | |
| *4. Place of Birth (Street and Number)* | |
| *5. Full Name of Mother* | |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

19378

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 11th of July. |
| *4. Place of Birth (Street and Number)* | 287 Howard St. |
| *5. Full Name of Mother* | Emma Decordi. |
| *6. Mother's Maiden Name* | Baur. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | George Decordi. |
| *9. Father's Occupation* | Tailor. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte Crosby. |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19379

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 11th 1877. |
| *4. Place of Birth (Street and Number)* | No. 509. W. Gay St. |
| *5. Full Name of Mother* | Mary Hirsch. |
| *6. Mother's Maiden Name* | Mary Shutter. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Louis Hirsch. |
| *9. Father's Occupation* | Baker. |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dina E. Gilbert. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19380

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 11 th 1877 |
| *4. Place of Birth (Street and Number)* | No 27 Armlet lane |
| *5. Full Name of Mother* | Anna Mitchel |
| *6. Mother's Maiden Name* | Noble |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Samuel Mitchel |
| *9. Father's Occupation* | Engenier |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19381

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 11th 1877

*4. Place of Birth (Street and Number)* Balt, Lombard St one door East of Poppleton

*5. Full Name of Mother* Julia Lieutaud

*6. Mother's Maiden Name* " Brown

*7. Mother's Birthplace* Balt Ma

*8. Full Name of Father* Maurice H Lieutaud

*9. Father's Occupation* Sweep Master

*10. Father's Birthplace* Balt Ma

*Name of Medical Attendant,* or other Person who makes this Return. Wm D Le Larkin M D

*Address* No 761 W Pratt St

*Remarks* Labour Natural

19382

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 11th 1877
4. *Place of Birth (Street and Number)* [illegible] No. 78 [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Anner Dumler 60 Schorter

*Remarks*

Please any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19383

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth Child

*1. Sex (state whether Male or Female)* Boy

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 14th of July 1877

*4. Place of Birth (Street and Number)* 84 Harford Ave

*5. Full Name of Mother* Annie Gorola

*6. Mother's Maiden Name* Annie Tailor

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Lanfurt Tailor

*9. Father's Occupation* Painter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunke

*Address* 11 North Chappel St Joseph Kunke

*Remarks* Healthy

Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, [illegible] midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19384

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 11th 1877

4. Place of Birth (Street and Number) 142, S. Register St

5. Full Name of Mother Jestina Wlitzel

6. Mother's Maiden Name Solmd

7. Mother's Birthplace Balto City

8. Full Name of Father Martin Wlitzel

9. Father's Occupation Clerk

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Frost

Address 193, S. Eckster St

Remarks

19385

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 16 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Color
3. Date of Birth July 11 1877
4. Place of Birth (Street and Number) 211 South Sharp Street
5. Full Name of Mother Charlott E Drummond
6. Mother's Maiden Name Charlott Conner
7. Mother's Birthplace Accomack Va Co
8. Full Name of Father George F Conner
9. Father's Occupation Black Smith
10. Father's Birthplace Ac Accomack Va Co

Name of Medical Attendant, or other Person who makes this Return. Mil Grace

Address 181 York Street

Remarks

That any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19386

HEALTH DEPARTMENT JUL 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 11th 1877

*4. Place of Birth (Street and Number)* No. 18 N. Stricker St.

*5. Full Name of Mother* Elizabeth Louise Baker

*6. Mother's Maiden Name* Chase

*7. Mother's Birthplace* Boston - Mass.

*8. Full Name of Father* Chas. Edward Baker

*9 Father's Occupation* Grain Merchant

*10. Father's Birthplace* Cincinnatti. O.

*Name of Medical Attendant,* or other Person who makes this Return. Wm. W. Murray M.D.

*Address* 10 N. Carey St.

*Remarks*

That any physician, [illegible], midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1937

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 11th 1877
4. *Place of Birth (Street and Number)* No 353 Saratoga St
5. *Full Name of Mother* Mary E. Holmes
6. *Mother's Maiden Name* Mary E. Snyder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W. Holmes
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

19388

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 21 11 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 11 1877 |
| *4. Place of Birth (Street and Number)* | 39 Hamburg St |
| *5. Full Name of Mother* | Kate Lent |
| *6. Mother's Maiden Name* | Kate Meyehard |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Geo, Lent |
| *9. Father's Occupation* | Boldier, Sailor |
| *10. Father's Birthplace* | Maine |
| *Name of Medical Attendant,* or other Person who makes this Return. | H B Stoble MD |
| *Address* | 15 Warren Av |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 9-17-52

19389

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

Name: Nicholas Wilson Bennett

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second. |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | July 11th 1877 |
| 4. Place of Birth (Street and Number) | #164 Gough Str. #P. |
| 5. Full Name of Mother | Lydia S. Lynch Bennett. |
| 6. Mother's Maiden Name | Lydia S. Lynch, |
| 7. Mother's Birthplace | America |
| 8. Full Name of Father | Frank P. Bennett. |
| 9. Father's Occupation | Tinner |
| 10. Father's Birthplace | America |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Mary E. Simms |
| Address | #203 S Washington St. F.P. |
| Remarks | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19390

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or ~~Female~~)* | |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July - 11th - 1877 - |
| *4. Place of Birth (Street and Number)* | 166. Read St |
| *5. Full Name of Mother* | Ella Hatzell Heinemann |
| *6. Mother's Maiden Name* | Ella Hartzell - |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | John Henry Heinemann |
| *9. Father's Occupation* | Policeman |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | O. T. Bell MD |
| *Address* | 306 Madison Ave - |
| *Remarks* | |

19391

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 12. 1877 |
| *4. Place of Birth (Street and Number)* | Fankenstr No 37 |
| *5. Full Name of Mother* | Margaretha Spiegel |
| *6. Mother's Maiden Name* | Margaretha Rofslein |
| *7. Mother's Birthplace* | Neidorf Beiern |
| *8. Full Name of Father* | Valentin Spiegel |
| *9. Father's Occupation* | Lehmann |
| *10. Father's Birthplace* | Dirfeld Beiern |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Johanna Raupach |
| *Address* | South Wolfstr No 28 |
| *Remarks* | Midwife |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19392

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 12 1877
4. Place of Birth (Street and Number) No 483 Fayette St Balto
5. Full Name of Mother Mary Ida Mealy
6. Mother's Maiden Name Mary Ida Hanes
7. Mother's Birthplace Balto Md
8. Full Name of Father John W Mealy
9. Father's Occupation Jeweller
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin St Balto

Remarks

# RETURN OF A BIRTH.

19393

HEALTH DEPARTMENT JUL 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | [illegible] |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 12th 1877 |
| *4. Place of Birth (Street and Number)* | Cor Hill & Hanover Sts |
| *5. Full Name of Mother* | Mary E Mills |
| *6. Mother's Maiden Name* | " " Coburn |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | John R Mills |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs C A Lewis |
| *Address* | 162 Hanover |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 193911

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

REGISTER'S OFFICE
JUL 27 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 12th 1877 |
| *4. Place of Birth (Street and Number)* | No 121 S Bond str |
| *5. Full Name of Mother* | Mary Felling |
| *6. Mother's Maiden Name* | " Maser |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | Ernst Felling |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Bubenheimer |
| *Address* | 120 Bank st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19395

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** July 13th 1871.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 12th 1871.
4. Place of Birth (Street and Number) 270 Caroline St.
5. Full Name of Mother Mary Weber
6. Mother's Maiden Name Mary Weber
7. Mother's Birthplace America
8. Full Name of Father William Weber
9. Father's Occupation Machinist
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No. 137 Wolfe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19396
19397

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** July 13th 1877.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Twin

*1. Sex (state whether Male or Female)* Two Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 12th 1877

*4. Place of Birth (Street and Number)* 362 Canton Ave

*5. Full Name of Mother* Christina Will

*6. Mother's Maiden Name* Christina Kremeier

*7. Mother's Birthplace* America

*8. Full Name of Father* Julius Will

*9. Father's Occupation* Milk Dairy

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. Amend

*Address* No 137 Wolfe St

*Remarks* //

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19398

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 12th 1877. |
| *4. Place of Birth (Street and Number)* | No. 237 Franklin St. |
| *5. Full Name of Mother* | E. Agnes Morrisett. |
| *6. Mother's Maiden Name* | E. Agnes Decker. |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Millard Morrisett. |
| *9. Father's Occupation* | Steam Filler. |
| *10. Father's Birthplace* | Richmond Va. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dena Gilligeist |
| *Address* | No. 182 E. Monument St. |
| *Remarks* | |

19399

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 10 '37
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex* (state whether Male or Female) Boj
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 12 Juli
4. *Place of Birth* (Street and Number) 177 Register Street
5. *Full Name of Mother* Francista Kurzinska
6. *Mother's Maiden Name* Lutkewicz
7. *Mother's Birthplace* Lechlin Germanie
8. *Full Name of Father* John Lutkewicz
9. *Father's Occupation* — — —
10. *Father's Birthplace* Lechlin

*Name of Medical Attendant,* or other Person who makes this Return. Manic Güttner

*Address* Wolfe Street 245.

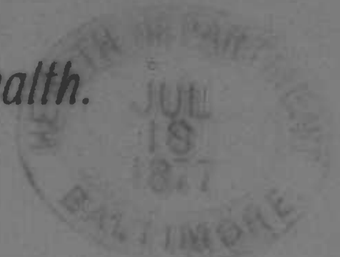
*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19400




*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 12, 1877
4. *Place of Birth (Street and Number)* Mulberry St. No. 90
5. *Full Name of Mother* Henriette Krumm.
6. *Mother's Maiden Name* Henriette Helmsmeier
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Krumm
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

# RETURN OF A BIRTH.

19401

RECEIVED JUL 18 1871 REGISTRAR'S OFFICE BALTIMORE, MD.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 12th 1871

*4. Place of Birth (Street and Number)* Baltimore Parkin at 100

*5. Full Name of Mother* Jane Evans

*6. Mother's Maiden Name* Jane Anders

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* James Evans

*9. Father's Occupation* Paver

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. C. Mitchell

*Address* No. 122 Eastern st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19102

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 12th July 1897

*4. Place of Birth (Street and Number)* 3 [illegible]

*5. Full Name of Mother* [illegible]

*6. Mother's Maiden Name* [illegible]

*7. Mother's Birthplace* [illegible]

*8. Full Name of Father* [illegible]

*9. Father's Occupation* [illegible]

*10. Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* [illegible]

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19103

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* July 12

*4. Place of Birth (Street and Number)* 202 West Street

*5. Full Name of Mother* Lucy Liggs

*6. Mother's Maiden Name* Taylor

*7. Mother's Birthplace* Snow Hill

*8. Full Name of Father* Oliver Liggs

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Kingsmore County Va.

*Name of Medical Attendant,* or other Person who makes this Return. Caroline Fisher

*Address* 187 West Street

*Remarks* Midwife

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19404

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) 1
3. *Date of Birth* July 12th
4. *Place of Birth* (Street and Number) Eager Street - No 46 rear
5. *Full Name of Mother* Rosanah Fallan
6. *Mother's Maiden Name* Rosanah Curran
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Fallan
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Ireland

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Guy

*Address*

*Remarks*

19405

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 8th 1877 |
| *4. Place of Birth (Street and Number)* | Pine, East |
| *5. Full Name of Mother* | Mary Liebel |
| *6. Mother's Maiden Name* | M. Krensel |
| *7. Mother's Birthplace* | Wurtemburg Germany |
| *8. Full Name of Father* | William Liebel |
| *9. Father's Occupation* | Cooke |
| *10. Father's Birthplace* | Wurtemburg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenck |
| *Address* | 56 Pine East |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19406

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 13th 1877. |
| *4. Place of Birth (Street and Number)* | 224 W. Fayette Street. |
| *5. Full Name of Mother* | |
| *6. Mother's Maiden Name* | Ernstina Stehmenke |
| *7. Mother's Birthplace* | Brownshwig Germany |
| *8. Full Name of Father* | William Walter |
| *9. Father's Occupation* | Corset weaver |
| *10. Father's Birthplace* | Bavaria Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wensel |
| *Address* | 36 Pearl Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19407

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH ... JUL 13 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th,

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* July 13/77,

*4. Place of Birth (Street and Number)* Franklin St, S.E. Cor Pine,

*5. Full Name of Mother* Rhetta Evans Royston

*6. Mother's Maiden Name* Evans,

*7. Mother's Birthplace* Virginia,

*8. Full Name of Father* Henry Clay Royston,

*9. Father's Occupation* Clerk,

*10. Father's Birthplace* Baltimore Md,

*Name of Medical Attendant,* or other Person who makes this Return. H. R. Fetterhoff M.D.

*Address* 77 George St,

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19408

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | fifth (5th) |
| *1. Sex (state whether Male or Female)* | Boy |
| *2. Race or Color (if not of the white race)* | American White |
| *3. Date of Birth* | July 13th 1877 |
| *4. Place of Birth (Street and Number)* | 53 Brown St |
| *5. Full Name of Mother* | Sarah R Metcalfe |
| *6. Mother's Maiden Name* | Sarah R Colby |
| *7. Mother's Birthplace* | Fayetteville Franklin Co Penn |
| *8. Full Name of Father* | Gilson W Metcalfe |
| *9. Father's Occupation* | Watch Maker |
| *10. Father's Birthplace* | Petersburg Co Adams Co Pa |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ruth Anne Kiggins |
| *Address* | |
| *Remarks* | |

[illegible] Hanover Stre.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19409

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 23 1877
4. *Place of Birth (Street and Number)* Baltimore No 3 Parrish Alley
5. *Full Name of Mother* Martha Edwards
6. *Mother's Maiden Name* Strand
7. *Mother's Birthplace* Accomack Co Va
8. *Full Name of Father* James H Edwards
9. *Father's Occupation* Drayman
10. *Father's Birthplace* vaginnia

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19410

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 13. July |
| *4. Place of Birth (Street and Number)* | No 68 Jasper St. |
| *5. Full Name of Mother* | ~~[illegible]~~ Lisza Taylor |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Balt. Md |
| *8. Full Name of Father* | John Taylor |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balt city md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlott. Goosleaf |
| *Address* | No 85 Moores Alley Balt md |
| *Remarks* | |

# RETURN OF A BIRTH.

19411

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 27 1877
BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 13th 1877 |
| *4. Place of Birth (Street and Number)* | No 81 S Durham |
| *5. Full Name of Mother* | Elizabethtue Rothenberg |
| *6. Mother's Maiden Name* | " Topler |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Rothenberg |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank st |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19412

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. JUL 27 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 13th 1877
4. *Place of Birth (Street and Number)* No 244 Alice Ann St
5. *Full Name of Mother* Charlotte Evans
6. *Mother's Maiden Name* " Werner
7. *Mother's Birthplace* City
8. *Full Name of Father* Lawrenz Evans
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buschmann

*Address* 120 Bank St

*Remarks*

That any physician, accoucheur, and wife, of other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19413

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | July 13th 1877 |
| 4. Place of Birth (Street and Number) | John St. n. Stanford Av. |
| 5. Full Name of Mother | Ida B. Gaither |
| 6. Mother's Maiden Name | Ida B. Wolf |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Harry C. Gaither |
| 9. Father's Occupation | Attorney at Law |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Jno. F. Powell M.D. |
| Address | 224 Carrollton Av |
| Remarks | Child Healthy |

# RETURN OF A BIRTH. 19414

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* 13 July 17
4. *Place of Birth* (Street and Number) 21 Camel alley
5. *Full Name of Mother* Rachel Ann Smith
6. *Mother's Maiden Name* Myers
7. *Mother's Birthplace* Va
8. *Full Name of Father* Saml Smith
9. *Father's Occupation* laborer
10. *Father's Birthplace* N J

*Name of Medical Attendant,* or other Person who makes this Return. R Lane Taneyhill

*Address* 129 N Biddle

*Remarks*

---

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19415

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 13th 1877
4. *Place of Birth (Street and Number)* Choptank one door north Choptank
5. *Full Name of Mother* Mary Kirshenhofer
6. *Mother's Maiden Name* " Reinhardt
7. *Mother's Birthplace* Lyons County New York.
8. *Full Name of Father* George Kirshenhofer
9. *Father's Occupation* Coachsmith
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. P. G. Dauschmid.

*Address* 97. N. Broadway.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19416

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Negroes
3. Date of Birth Jul 13th
4. Place of Birth (Street and Number) 127 North St
5. Full Name of Mother Laura Woolford
6. Mother's Maiden Name Laura Kelly
7. Mother's Birthplace Calvert County Md
8. Full Name of Father Chas Newman
9. Father's Occupation Waiter
10. Father's Birthplace Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Geddings Hale M.D.

Address 51 N Calvert St

Remarks Interesting case on account of immense size of the mother she weighing upwards of five hundred pounds

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19417

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* Henrietta Read 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 13th
4. *Place of Birth (Street and Number)* in the rear of 121 Central Ave
5. *Full Name of Mother* Mrs Henrietta Chase
6. *Mother's Maiden Name* Henrietta Read
7. *Mother's Birthplace*
8. *Full Name of Father* John Chase
9. *Father's Occupation* Brick maker
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Hines

*Address* No 135 Chesnut St

*Remarks*

# RETURN OF A BIRTH.

19118

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July th 13 th 1877 |
| 4. *Place of Birth (Street and Number)* | No 79 Mosher Street |
| 5. *Full Name of Mother* | Rosanna Henlein |
| 6. *Mother's Maiden Name* | " " " Dürr |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Christian Henlein |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Theresia Eigeldinger |
| *Address* | No 14 Union Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

194-18 1/2

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kinder

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) Weiß Kind
3. Date of Birth den 13 Juli. 1877
4. Place of Birth (Street and Number) No 79 Mosser Strit
5. Full Name of Mother Susana Henlein
6. Mother's Maiden Name Susana Dürr
7. Mother's Birthplace in Sisselburg
8. Full Name of Father Christian Henlein
9. Father's Occupation Pentner
10. Father's Birthplace in Deutschland

Name of Medical Attendant, or other Person who makes this Return. Hebamme Theresia Eigeldinger

Address No 14 Junin Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19419

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Ninth (9th)

1. *Sex* (state whether Male or ~~Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 13th 1877
4. *Place of Birth* (Street and Number) No. 402 East Madison st
5. *Full Name of Mother* Mrs. Mary Elizabeth Delcher
6. *Mother's Maiden Name* Miss Mary E. Amos
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Mr. Edward H. Delcher
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace* Baltimore, Md

*Name of Medical Attendant,* or other Person who makes this Return. William A. Clendinen

*Address* No. 102 North Broadway

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19120

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 13th 1877. |
| *4. Place of Birth (Street and Number)* | No. 340. North Durham St |
| *5. Full Name of Mother* | Mary E. Sturgeon. |
| *6. Mother's Maiden Name* | Mary E. Stayner. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Augustus H. Sturgeon. |
| *9. Father's Occupation* | Huckster. |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dena Hillegeist |
| *Address* | No. 82. E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19421

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 13th 1877. |
| *4. Place of Birth (Street and Number)* | No. 15. Greenmount Ave. |
| *5. Full Name of Mother* | Maria Anna Bahlmann. |
| *6. Mother's Maiden Name* | Maria Anna Ehmann. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Anton Bahlmann. |
| *9. Father's Occupation* | Cigar Manufacturer. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dena Hilburst |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19422

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 18 1917
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Children |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Col |
| *3. Date of Birth* | 13 of July |
| *4. Place of Birth (Street and Number)* | Light St No 1581 |
| *5. Full Name of Mother* | Lizzie Harper |
| *6. Mother's Maiden Name* | Lizzie Enoach |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Washington Harper |
| *9. Father's Occupation* | Tabor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | Work St No 128 |
| *Remarks* | |

# RETURN OF A BIRTH.

19123

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth*

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother*

*6. Mother's Maiden Name*

*7. Mother's Birthplace*

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19424

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Children

*1. Sex (state whether Male or Female)* Last A Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 15th July 1877

*4. Place of Birth (Street and Number)* 326 West Orleans st

*5. Full Name of Mother* Mary Heselmant

*6. Mother's Maiden Name* Mary Lemsen

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Henry Lemsen

*9. Father's Occupation* Hooper

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Representative Kunkel

*Address* 11 North Chapel St Johns Kunkel

*Remarks* Healthy

# RETURN OF A BIRTH.

191423

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 13th 1877. |
| *4. Place of Birth (Street and Number)* | 29 Pearl Street |
| *5. Full Name of Mother* | Katie G. Scott |
| *6. Mother's Maiden Name* | Katie G. Shane |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Charles Scott |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 52 East St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19426

JUL 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 13th July 1877 |
| *4. Place of Birth (Street and Number)* | No. 271 E. Monument St |
| *5. Full Name of Mother* | Mary Virginia Bonn |
| *6. Mother's Maiden Name* | Barlow |
| *7. Mother's Birthplace* | Howard Co. Md. |
| *8. Full Name of Father* | Chas. Thos. Bonn |
| *9 Father's Occupation* | |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. V. Murray M.D. |
| *Address* | 10 N. Caroy St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19427

HEALTH DEPARTMENT
JUL 20 07
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 13 " 1877 |
| *4. Place of Birth (Street and Number)* | 13 Bevan Street |
| *5. Full Name of Mother* | Sephronia L Green |
| *6. Mother's Maiden Name* | " " " Blackaler |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Richard B Green |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

# RETURN OF A BIRTH.

19128

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 13th 1877
4. *Place of Birth (Street and Number)* No 6 New Church St.
5. *Full Name of Mother* Hester Adkins
6. *Mother's Maiden Name* Hester Wilson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H. Adkins
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

**...dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19 [redacted]

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* George An nt chorcen

1. *Sex (state whether Male or Female)* Bafy is A Marl An A fee
2. *Race or Color (if not of the white race)* Marl ther Was bone on Jaune
3. *Date of Birth* Lie the 13
4. *Place of Birth (Street and Number)* the live on hener heter st 2 [illegible]
5. *Full Name of Mother* i dont no ther Was bone
6. *Mother's Maiden Name* in Baltimore his name
7. *Mother's Birthplace* is John hordan he is A
8. *Full Name of Father* preser
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Angeline Wilson

*Address*

*Remarks* Cross st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19 ~~[illegible]~~

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Mary gones

*1. Sex (state whether Male or Female)* Fofy Was fon Ewnelie

*2. Race or Color (if not of the white race)* the B ll is A mal

*3. Date of Birth*

*4. Place of Birth (Street and Number)* thes live in Warfes

*5. Full Name of Mother* St Mary gones 14

*6. Mother's Maiden Name* i dont no

*7. Mother's Birthplace* She Was fone in Balti

*8. Full Name of Father* mor. george A gones

*9. Father's Occupation* he is A Bos

*10. Father's Birthplace* i dont no

*Name of Medical Attendant,* or other Person who makes this Return. Anye line

*Address*

*Remarks* Wilson Cass St

393

19429

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 ~~Third~~ Second

1. Sex (state whether Male or Female) male ~~white~~ Female

2. Race or Color (if not of the white race) white

3. Date of Birth ~~Fountain St No 41~~ the 13 of July 1877

4. Place of Birth (Street and Number) Galegers Corte

5. Full Name of Mother Mary G Cremel

6. Mother's Maiden Name Mary G Shaw

7. Mother's Birthplace Baltimore

8. Full Name of Father John Cremel

9. Father's Occupation Warterman

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Ann Emily Ball

Address No 171 Chester St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19430

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14th July |
| *4. Place of Birth (Street and Number)* | 274 N Howard St. |
| *5. Full Name of Mother* | Catharine England |
| *6. Mother's Maiden Name* | Catharine England |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Christian England |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte Crosby |
| *Address* | 369 Cathedral St |
| *Remarks* | |

Time any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19431

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 14 of July 1877

*4. Place of Birth (Street and Number)* Baltimore No 92 Orchard st

*5. Full Name of Mother* Minerva Hughs

*6. Mother's Maiden Name* Prescol

*7. Mother's Birthplace* Howard Co md

*8. Full Name of Father* Christopher Columbus Hughs

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Carroll Co

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Dorsey

*Address* No 83 Oxford st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19432

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 28 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 14th 1877 |
| *4. Place of Birth (Street and Number)* | No 205 N. Exeter |
| *5. Full Name of Mother* | Liza Myers. |
| *6. Mother's Maiden Name* | Liza Wilson. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Myers. |
| *9. Father's Occupation* | Cork. |
| *10. Father's Birthplace* | West Indians. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. M. A. Batt. |
| *Address* | No 181 N. Central avenue. |
| *Remarks* | All Parties |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19433
over
19434

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

Name - Frederick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth & Seventh Twins

1. Sex (state whether Male or Female) Both Males
2. Race or Color (if not of the white race) White
3. Date of Birth July 14th 1877
4. Place of Birth (Street and Number) S. E. Corner of Pine & George 1st
5. Full Name of Mother Cecelia Teresa Wills
6. Mother's Maiden Name Cecelia Teresa Hick
7. Mother's Birthplace Baltimore
8. Full Name of Father William H. Wills
9. Father's Occupation Plumber & Gas fitter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Chatard M.D.

Address N 114 Park Ave

Remarks

# RETURN OF A BIRTH.

191185

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14th July 1877

4. Place of Birth (Street and Number) No 18½ Druid Hill Ave.

5. Full Name of Mother Mary Catharine Gill.

6. Mother's Maiden Name " " Eboughs.

7. Mother's Birthplace Carroll Co, Md.

8. Full Name of Father Thomas Emory Gill.

9. Father's Occupation Dairyman

10. Father's Birthplace Hampstead, Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Charles A. Geiger. M.D.

Address No 26½ Druid Hill Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19436

JUL 16 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 ll |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 14th 1877. |
| *4. Place of Birth (Street and Number)* | 350 W. Pratt Street |
| *5. Full Name of Mother* | Margaretha Berneburg |
| *6. Mother's Maiden Name* | M. Thimling |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Berneburg |
| *9. Father's Occupation* | Locksmith |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Paul Street. |
| *Remarks* | |

# RETURN OF A BIRTH.

19437

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 14th 1897 |
| *4. Place of Birth (Street and Number)* | 42 Green St |
| *5. Full Name of Mother* | Mary E. Coulburn |
| *6. Mother's Maiden Name* | E. Poole |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Henry Coulburn |
| *9. Father's Occupation* | Harness Maker |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Chas. H. Thomas M.D. |
| *Address* | 85 E. Baltimore St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19438

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 25 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 4th |
| *4. Place of Birth (Street and Number)* | Mount Hirane |
| *5. Full Name of Mother* | Helenz Hammel |
| *6. Mother's Maiden Name* | Wishmann |
| *7. Mother's Birthplace* | Bremen |
| *8. Full Name of Father* | Henry Hammel |
| *9. Father's Occupation* | Watchman B. R.R |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Kroh |
| *Address* | 338 S Eutaw St. |
| *Remarks* | — |

*Every Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

191439

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 1st |
| *4. Place of Birth (Street and Number)* | Hall St- Locust Point |
| *5. Full Name of Mother* | Mary M Reese |
| *6. Mother's Maiden Name* | Victor |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | David Reese |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Wales |
| *Name of Medical Attendant,* or other Person who makes this Return. | Margret Atle |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

191110

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14 July |
| *4. Place of Birth (Street and Number)* | 37 Eddy St |
| *5. Full Name of Mother* | Mary Giles |
| *6. Mother's Maiden Name* | Cochran |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Michel Giles |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula J Shriner |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19441

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 14th 1877 |
| *4. Place of Birth (Street and Number)* | 133 Elliot St. [illegible] |
| *5. Full Name of Mother* | [illegible] |
| *6. Mother's Maiden Name* | Easley |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George |
| *9. Father's Occupation* | Canton Elevator |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. E. Stein, M. D. |
| *Address* | 195 N. Eden St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19442

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Fe Mail
2. Race or Color (if not of the white race) White
3. Date of Birth July 16 1877
4. Place of Birth (Street and Number) 276 Gough St
5. Full Name of Mother Elizabeth Guiging
6. Mother's Maiden Name Elizabeth Thoirce
7. Mother's Birthplace Germany
8. Full Name of Father Barnard Guiging
9. Father's Occupation Can Maker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss El Fray

Address 193 So Chester St.

Remarks Healthy Child

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11

19113

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 19 1911
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 July
4. *Place of Birth (Street and Number)* 196 Central Ave
5. *Full Name of Mother* Anna Rock
6. *Mother's Maiden Name* Schroder
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carpenter
9. *Father's Occupation* Harman Rock
10. *Father's Birthplace* Germy

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby Street

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1911-11-11

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5 the

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14 Julli
4. *Place of Birth* (Street and Number) 118 Durham Street
5. *Full Name of Mother* Lielja Wegner
6. *Mother's Maiden Name* Krieger
7. *Mother's Birthplace* Preocrien Germanie
8. *Full Name of Father* Ernest Krieger
9. *Father's Occupation* ———
10. *Father's Birthplace* Danzig

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* Wolf Street 245

*Remarks*

# RETURN OF A BIRTH.

19446

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | ~~Male~~ Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 14. 77 |
| *4. Place of Birth (Street and Number)* | 483 Lanvale W. |
| *5. Full Name of Mother* | Sarah Sophia Johnson |
| *6. Mother's Maiden Name* | Conn |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Budk Johnson |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | Laura M. Eastman |
| *Address* | 249 Lanvale |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19446

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 14 th

*4. Place of Birth (Street and Number)* No 1 Elizabeth

*5. Full Name of Mother* Lizzie Metzher

*6. Mother's Maiden Name* Lizzie Kitty

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* August Metzher

*9. Father's Occupation* Shoemaker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Catharine Horne

*Address* No 1 E Elizabeth St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19447

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* ——

*3. Date of Birth* July 14th 1877

*4. Place of Birth (Street and Number)* No 298 McHenry st Balto Md

*5. Full Name of Mother* Ida S. Crapster

*6. Mother's Maiden Name* Ida S. Shaw

*7. Mother's Birthplace* Carroll County Md.

*8. Full Name of Father* Gustave W. S. Crapster

*9. Father's Occupation* Clerk B. O. R. R.

*10. Father's Birthplace* Carroll County Md.

*Name of Medical Attendant,* or other Person who makes this Return. Jas S. Fulks M.D.

*Address* Residence No 203. Saratoga st Balto Md.

*Remarks* City Councils Have no legal authority to Muzzel Physicians like Mules & make them do service without compensation I want you to send envelopes & Postage

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19148

JUL 18 87 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 14th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Ramsay st No 119 |
| *5. Full Name of Mother* | Ellen Murphy |
| *6. Mother's Maiden Name* | Ellen Conrad |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Cornelius Murphy |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mitchell |
| *Address* | No 122 Pontiac st |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

19449

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

BOARD OF HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 14 1877 |
| *4. Place of Birth (Street and Number)* | 240 Lee Street |
| *5. Full Name of Mother* | Lina Kerny |
| *6. Mother's Maiden Name* | " " Diele |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | August Berny |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Lodenhall Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19450

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUL 19 1977 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) Tenth Child

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 14th of July 1877

4. *Place of Birth* (*Street and Number*) No 250 W. Pratt St

5. *Full Name of Mother* Wilhelmina Kurz.

6. *Mother's Maiden Name* Wilhelmina Lindner

7. *Mother's Birthplace* Oschatz, Saxony, (Germany)

8. *Full Name of Father* Henry Kurz

9. *Father's Occupation* Gas Fitter, Plumber

10. *Father's Birthplace* Nidda, Hessen, (Germany)

*Name of Medical Attendant*, or other Person who makes this Return. Mrs Fischer, Midwife

*Address* N. W. Cor of Howard & Lombard Sts

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19451

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14 July 1877 |
| *4. Place of Birth (Street and Number)* | 54 S. Castle |
| *5. Full Name of Mother* | Magie Beier |
| *6. Mother's Maiden Name* | Magie Kalb |
| *7. Mother's Birthplace* | Bavaria |
| *8. Full Name of Father* | George Beier |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Lederer |
| *Address* | 25 S Durham |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19452

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14 July 77 |
| *4. Place of Birth (Street and Number)* | No 2 Bethel Str |
| *5. Full Name of Mother* | Elisabeth Kramer |
| *6. Mother's Maiden Name* | Elisabeth Steine |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Philph Kramer |
| *9. Father's Occupation* | Broommaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Lederer |
| *Address* | 25 S. Durham Str |
| *Remarks* | |

HEALTH DEPT
JUL 20 1877
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19453

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | white |
| 3. Date of Birth | July 14th 1877 |
| 4. Place of Birth (Street and Number) | S. W. Cor. Balto. & Caroline Sts. |
| 5. Full Name of Mother | Emily Woodward Lambdin |
| 6. Mother's Maiden Name | " " Webb |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | N. H. Lambdin |
| 9. Father's Occupation | Engineer. |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | R. W. Mansfield M.D |
| Address | 117 S. Broadway |
| Remarks | |

# RETURN OF A BIRTH.

19114

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 15th 1877 |
| *4. Place of Birth (Street and Number)* | 300 Franklin St |
| *5. Full Name of Mother* | Mary H. Holden |
| *6. Mother's Maiden Name* | Mifflin |
| *7. Mother's Birthplace* | Culpepper Co. Court House Va |
| *8. Full Name of Father* | John Wesley Holden |
| *9. Father's Occupation* | Expressman |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Edw. C. Price M.D. |
| *Address* | 162 Madison St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19455

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | One |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Collord |
| 3. *Date of Birth* | 15th July |
| 4. *Place of Birth* (Street and Number) | 231 Dover St |
| 5. *Full Name of Mother* | Lelgy Johnson |
| 6. *Mother's Maiden Name* | ly Dutton |
| 7. *Mother's Birthplace* | West River |
| 8. *Full Name of Father* | Thomas Johnson |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | West River |
| *Name of Medical Attendant*, or other Person who makes this Return. | Nancy Williams |
| *Address* | 210 Dover St |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

19456

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Mary Graves give

1. *Sex (state whether Male or Female)* Birth to femail
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Julie 15
4. *Place of Birth (Street and Number)* mur grundry St
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary King
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Graves
9. *Father's Occupation* Brick yard
10. *Father's Birthplace* Calbert County

*Name of Medical Attendant,* or other Person who makes this Return. angline Wilson

*Address* 393 Brown St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19457

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 15th 1877 |
| *4. Place of Birth (Street and Number)* | 339 Cross St. |
| *5. Full Name of Mother* | Elsa Kaufmann |
| *6. Mother's Maiden Name* | E. Schaffer |
| *7. Mother's Birthplace* | Hessen Germany |
| *8. Full Name of Father* | Fred Kaufmann |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Hessen Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

193165

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4, 11 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 15. 1877 |
| *4. Place of Birth (Street and Number)* | No. 188 Tyson st |
| *5. Full Name of Mother* | Hilla Goodwin |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Balt. md. |
| *8. Full Name of Father* | Asbra Hanson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balt. City md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlott. Goodwin |
| *Address* | No. 88. main Alley Balt md |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19159

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH AUG 3 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 15th, 1877
4. *Place of Birth* (Street and Number) Madison St. Cor. Hanford av. (N.W.)
5. *Full Name of Mother* Mrs. Josephine Clemm Mobley
6. *Mother's Maiden Name* Miss J. C. Bruscup
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mr. Wm. H. Mobley
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Wm H. Clendinen

*Address* No. 102 N. Broadway

*Remarks*

# RETURN OF A BIRTH.

19460

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Hanover St. No 228 |
| *4. Place of Birth (Street and Number)* | July 15th |
| *5. Full Name of Mother* | Edain Doering |
| *6. Mother's Maiden Name* | Benja |
| *7. Mother's Birthplace* | Philadelphia |
| *8. Full Name of Father* | Henry Daering |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Korb |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

The person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19461

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 25 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 15th |
| *4. Place of Birth (Street and Number)* | 27 No. Henry St |
| *5. Full Name of Mother* | Laura Dubriele Bonnner |
| *6. Mother's Maiden Name* | Baltimore |
| *7. Mother's Birthplace* | Armand Dubriel |
| *8. Full Name of Father* | Stone-cutter |
| *9. Father's Occupation* | France |
| *10. Father's Birthplace* | Mary Rook |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19462

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 15th 1877
4. *Place of Birth (Street and Number)* 83 Front Str
5. *Full Name of Mother* Pauline Schertlin
6. *Mother's Maiden Name* Pauline Hawlin
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Schertlin
9. *Father's Occupation* Musical Instrum manufactr
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Sarah Casher

*Address* 2 E Lombard Str

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19463
19464

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 23 1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st & Twin |
| *1. Sex (state whether Male or Female)* | Males |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 15th 1877 |
| *4. Place of Birth (Street and Number)* | 67 E. Monument St. |
| *5. Full Name of Mother* | Mary Ann Watson |
| *6. Mother's Maiden Name* | " " Corcoran |
| *7. Mother's Birthplace* | Balto. Co. Md. |
| *8. Full Name of Father* | William H. Watson |
| *9. Father's Occupation* | Tinner Sheet Iron worker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Edward P. Mitchell |
| *Address* | 137 N Eutaw St |
| *Remarks* | 7½ Months. Twins. Lived 16 hours. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19465

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7tens Kind

1. *Sex (state whether Male or Female)* Madchen
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 15ten Juli, ~~[illegible]~~
4. *Place of Birth (Street and Number)* im Land, Mr Allvan Merritt en the Nez be Avondale Kilto County
5. *Full Name of Mother* Pauline Eimke)
6. *Mother's Maiden Name* Pauline Vater
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Diedrich Eimke
9. *Father's Occupation* Handarbeiter
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this return Friederike Kaufmann

*Address* No 178 Corner of Dallas and Eastern Av

*Remarks* Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19166

JUL 18 '77

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wh |
| *3. Date of Birth* | 15 of July |
| *4. Place of Birth (Street and Number)* | Baltrey Ave. N. 150. |
| *5. Full Name of Mother* | Mayge Henderson |
| *6. Mother's Maiden Name* | Mayge Kirbe |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Robert Henderson |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St N. 125 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19467

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1 1

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) colard
3. *Date of Birth* on the 15
4. *Place of Birth* (*Street and Number*) [illegible]
5. *Full Name of Mother* maria counell
6. *Mother's Maiden Name* maria moten
7. *Mother's Birthplace*
8. *Full Name of Father* charles counell
9. *Father's Occupation* coach man
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Cney cornish

*Address*

*Remarks*

19468

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Juli 15. 1877
4. *Place of Birth (Street and Number)* S. Registerstr No 35
5. *Full Name of Mother* Filemine Schettel
6. *Mother's Maiden Name* Filemine Zwisler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Schettel
9. *Father's Occupation* Backer
10. *Father's Birthplace* Adelsdorf Beiern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Johanna Baupach

*Address* South Wolfstr No 28

*Remarks* Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19469
19470

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)* | 1st & 2nd (Twins) |
| *1. Sex (state whether Male or Female)* | Females |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 15. 1897 |
| *4. Place of Birth (Street and Number)* | No 218 Lemmon St. |
| *5. Full Name of Mother* | Anne Eliza Scott |
| *6. Mother's Maiden Name* | Anne Eliza Kirkwood |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Geo Washington Scott |
| *9. Father's Occupation* | Salesman |
| *10. Father's Birthplace* | Ellicott City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno P. Scott M.D |
| *Address* | 297 W Lombard St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19471

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the. 15. 1877
4. *Place of Birth (Street and Number)* N. Front St. No. 46.
5. *Full Name of Mother* Mary E. London
6. *Mother's Maiden Name* Mary E. Reagan
7. *Mother's Birthplace* Richmond, State. Virginien
8. *Full Name of Father* George H. H. London
9. *Father's Occupation* Shoe Dealer
10. *Father's Birthplace* New. York. State New York.

*Name of Medical Attendant, or other Person who makes this return* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19472

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd

1. *Sex* (state whether Male or ~~Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 15th 1877
4. *Place of Birth* (Street and Number) No 6. North Schroeder Street
5. *Full Name of Mother* Honora Dwyer
6. *Mother's Maiden Name* Honora Flinder
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Dwyer
9. *Father's Occupation* Laber
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Susanne Hunter

*Address* No 21 Poppleton Street

*Remarks*

# RETURN OF A BIRTH.

19473

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 15 1877 |
| *4. Place of Birth (Street and Number)* | 59 S. Sleigh Street |
| *5. Full Name of Mother* | Amalia Amerein |
| *6. Mother's Maiden Name* | " Kreuzer |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Amerein |
| *9. Father's Occupation* | Wagner |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbara Reiss |
| *Address* | 26. N. Fredrick St. |
| *Remarks* | |

JUL 20 1877 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19474

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) [illegible]

3. *Date of Birth* [illegible]

4. *Place of Birth* (Street and Number) [illegible]

5. *Full Name of Mother* [illegible]

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* [illegible]

8. *Full Name of Father* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

# RETURN OF A BIRTH.

19575

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 16
4. *Place of Birth (Street and Number)* Cooksee Street Locust Point
5. *Full Name of Mother* Mary Noon
6. *Mother's Maiden Name* Mary Coyne
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Mich Noon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Margret Ettel

...any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19476

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 16th 1877 |
| *4. Place of Birth (Street and Number)* | 167 N Pa ca St |
| *5. Full Name of Mother* | Alice A. Whittington |
| *6. Mother's Maiden Name* | Alice A. Hooper |
| *7. Mother's Birthplace* | Dorchester Co Md |
| *8. Full Name of Father* | Geo A Whittington |
| *9. Father's Occupation* | Collector |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook Md |
| *Address* | |
| *Remarks* | |

Your any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19477

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Twelfth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 16th 1877 |
| *4. Place of Birth (Street and Number)* | No. 101 Hill st. |
| *5. Full Name of Mother* | Sophia Jones |
| *6. Mother's Maiden Name* | Sophia Watts |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Littleton Jones |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Cambridge Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Winneberger |
| *Address* | 23 N. Liberty st. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19478

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 16th 1877

*4. Place of Birth (Street and Number)* No 857 West Pratt st

*5. Full Name of Mother* Maggie Sorg

*6. Mother's Maiden Name* Maggie Pinney

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* C. F. Sorg

*9. Father's Occupation*

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Anne Lindner

*Address* No 45 Monroe St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19479

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Monday July 16th 1877
4. *Place of Birth (Street and Number)* 733 W Lombard St
5. *Full Name of Mother* Emma E White
6. *Mother's Maiden Name* Emma E Banks
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert F. White
9. *Father's Occupation* Sewing machine Canvasser
10. *Father's Birthplace* Richmond Va

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anna Lundacer

*Address* 45 Monroe St

*Remarks*

The City physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19480

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. JUL 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 16th July 1877 |
| *4. Place of Birth (Street and Number)* | 214 Madison Ave. |
| *5. Full Name of Mother* | Anna Mathilde Mormann |
| *6. Mother's Maiden Name* | Anna Mathilde Heck |
| *7. Mother's Birthplace* | Egloffstein Bavaria Germany |
| *8. Full Name of Father* | Gustave Mormann |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Wittau, Saxony Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Anne Lindner |
| *Address* | No 25 Monroe St |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19481

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 16 July |
| *4. Place of Birth (Street and Number)* | Cor Madison and Ann |
| *5. Full Name of Mother* | Kate Gaugs |
| *6. Mother's Maiden Name* | Stengel |
| *7. Mother's Birthplace* | Jasselsville Harford County |
| *8. Full Name of Father* | Frederick Gaugs |
| *9. Father's Occupation* | Leager Beer Saloon |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

19482

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 9 mo

*1. Sex (state whether Male or Female)* Male whether

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* born on the 16 mth of July 1877

*4. Place of Birth (Street and Number)* No 962 West Pratt St.

*5. Full Name of Mother* F. D. Heil

*6. Mother's Maiden Name* D. Wagner

*7. Mother's Birthplace* born in Hessen Germany

*8. Full Name of Father* F. Heil

*9. Father's Occupation* Black-Smith

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mirris Hillar

*Address* No 57 Smalwood St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19483

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 16. 1877. |
| *4. Place of Birth (Street and Number)* | No. 156. North Sterling St. |
| *5. Full Name of Mother* | Gertrude Schaffer. |
| *6. Mother's Maiden Name* | Gertrude Ernest. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Charles Schaffer. |
| *9. Father's Occupation* | Cigar Maker. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dena Gillespie. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

19484

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 16th 1877

*4. Place of Birth (Street and Number)* 89 Battery Ave

*5. Full Name of Mother* Virginia Herhald

*6. Mother's Maiden Name* Virginia Flowers

*7. Mother's Birthplace* Richmond Va.

*8. Full Name of Father* Henry Herhald

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dorothea Brune

*Address* 114 Battery Ave Baltimore Md

*Remarks*

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19485

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Jul 16 1877

*4. Place of Birth (Street and Number)* 48 rose st

*5. Full Name of Mother* martha ketchum

*6. Mother's Maiden Name* martha smith

*7. Mother's Birthplace* baltimore city

*8. Full Name of Father* David ketchum

*9. Father's Occupation* laborer

*10. Father's Birthplace* baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel a garrett

*Address* 433 alice anna st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19186

HEALTH DEPT. JUL 18 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 16th 1877
4. *Place of Birth* (Street and Number) 71 King Street
5. *Full Name of Mother* Emeline Moore
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Caroline County Maryland
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Thomas

*Address* 71 Burgundy Alley

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19487

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Mallard

3. *Date of Birth* January 6 1887

4. *Place of Birth* (Street and Number) 46 Kine St

5. *Full Name of Mother*

6. *Mother's Maiden Name* Lizzie Foster

7. *Mother's Birthplace* Washington City

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Warren

*Address* 255 West Fabury St

*Remarks* At Home

# RETURN OF A BIRTH.

19488

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)* 4th

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 16/77
4. *Place of Birth (Street and Number)* 22 Walker St
5. *Full Name of Mother* Agnes Knauf
6. *Mother's Maiden Name* " McGuire
7. *Mother's Birthplace* New York
8. *Full Name of Father* George Knauf
9. *Father's Occupation* ~~[illegible]~~ Mechanic
10. *Father's Birthplace* Balti. Md

*Name of Medical Attendant,* or other Person who makes this Return. H. S. Spinchard

*Address* 379 W. Lombard St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19489

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 16 July |
| *4. Place of Birth (Street and Number)* | 273 Eutaw |
| *5. Full Name of Mother* | Elizabeth Sauf |
| *6. Mother's Maiden Name* | " " E Arentz |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Martin Sauf |
| *9. Father's Occupation* | shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Mesenzehl |
| *Address* | 220 Preston st |
| *Remarks* | |

... any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19490

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | fifth child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 16th 1877 |
| *4. Place of Birth (Street and Number)* | 84 Park Avenue |
| *5. Full Name of Mother* | Mariana Weigmann |
| *6. Mother's Maiden Name* | Mariana Davis |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Joseph Weigmann |
| *9. Father's Occupation* | Boot & Shoe Maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Masonhall |
| *Address* | 220 Boston st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19491

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 16th 1877

*4. Place of Birth (Street and Number)* 433 Eastern Av

*5. Full Name of Mother* Charlotte E. Gilbert

*6. Mother's Maiden Name* Charlotte E. Flaherty

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Joseph J. Gilbert

*9. Father's Occupation* Tinner

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. G. Lawson Wilkins M.D.

*Address* 77 So. Broadway

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19192

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3ter Kind |
| 1. *Sex* (state whether Male or Female) | Mädchen |
| 2. *Race or Color* (if not of the white race) | Weiß |
| 3. *Date of Birth* | geboren 16ten Juli |
| 4. *Place of Birth* (Street and Number) | 195. Eastern Av. |
| 5. *Full Name of Mother* | Babette Arnet |
| 6. *Mother's Maiden Name* | Babette Arnet |
| 7. *Mother's Birthplace* | Deutschland |
| 8. *Full Name of Father* | Kasper Arnet |
| 9. *Father's Occupation* | Handarbeiter |
| 10. *Father's Birthplace* | Deutschland. |
| *Name of Medical Attendant* or other Person who makes this Return. | Fridrike Kaufmann |
| *Address* | No 178 Corner of Dallas and Eastern Av |
| *Remarks* | Hebamme |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19493

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10th
4. *Place of Birth (Street and Number)* No 22 Elizabeth Lane
5. *Full Name of Mother* Nancy Wilson
6. *Mother's Maiden Name* Nancy Anders
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Wilson
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Sweden

*Name of Medical Attendant,* or other Person who makes this Return. Catharine Horner

*Address* No 29 Elizabeth Lane

*Remarks*

194911

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July [illegible] 1877

*4. Place of Birth (Street and Number)* Stricker St No 1520

*5. Full Name of Mother* Mary Hildebrant Baltimore

*6. Mother's Maiden Name* Mary Dorley

*7. Mother's Birthplace* Germany

*8. Full Name of Father* David Hildebrant

*9. Father's Occupation* Labor

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs S Seebürger

*Address* Ramsey St No 274

*Remarks* Mrs Crater 1520 Stricker St

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19495

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 the 5

1. Sex (state whether Male or Female) 1 female
2. Race or Color (if not of the white race) colored race
3. Date of Birth July 17 1877
4. Place of Birth (Street and Number) yungs bort no 7
5. Full Name of Mother sofa howard
6. Mother's Maiden Name so fire Howard
7. Mother's Birthplace Har 1 ford ba ma D 1 D 3
8. Full Name of Father nick less Howard
9. Father's Occupation yungs bort
10. Father's Birthplace char ford bo ma 1 d 3

Name of Medical Attendant, or other Person who makes this Return. ddie fort midwife

Address yungs bort 7

Remarks

# RETURN OF A BIRTH.

19496

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | 1st |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | |
| 3. *Date of Birth* | July 17th 1897 |
| 4. *Place of Birth* (Street and Number) | No 66 Wolf St |
| 5. *Full Name of Mother* | Emma Jane Dubb |
| 6. *Mother's Maiden Name* | " " Legg |
| 7. *Mother's Birthplace* | City |
| 8. *Full Name of Father* | Henry Dubb |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank St |
| *Remarks* | |

# RETURN OF A BIRTH.

19497

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPT
JUL 26 1877
BALTIMORE MD

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 17th 1877 |
| *4. Place of Birth (Street and Number)* | No 56 S Duglass st |
| *5. Full Name of Mother* | Catherine Hilbert |
| *6. Mother's Maiden Name* | " Bechtold |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Fredrick Hilbert |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19498

JUL 26 1877 BALTIMORE MD

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 17 1877 |
| *4. Place of Birth (Street and Number)* | 124 Augusta St |
| *5. Full Name of Mother* | Virginia Reinhardt |
| *6. Mother's Maiden Name* | Virginia Cinter |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Charles Reinhardt |
| *9. Father's Occupation* | Sergeant of Police. |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | S. N. Henck M.D. |
| *Address* | 95 E. Baltimore St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19499

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 17th |
| *4. Place of Birth (Street and Number)* | 34 Barre str. |
| *5. Full Name of Mother* | Mathilda Maag. |
| *6. Mother's Maiden Name* | Henkelman. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | August Maag. |
| *9. Father's Occupation* | Tinsmith. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Mrs. M. Streng. |
| *Remarks* | No 32. Lexington Street |

# RETURN OF A BIRTH.

19500

1111

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

11

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 17 July |
| *4. Place of Birth (Street and Number)* | 84 Portland St. |
| *5. Full Name of Mother* | Catharine Becker |
| *6. Mother's Maiden Name* | Schminke |
| *7. Mother's Birthplace* | Hessendarmstadt |
| *8. Full Name of Father* | Charles Becker |
| *9. Father's Occupation* | Shoe-maker |
| *10. Father's Birthplace* | Hessen |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Koch |
| *Address* | 328 S Eastant St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19501

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 23 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 17 |
| *4. Place of Birth (Street and Number)* | 128 Jackson St |
| *5. Full Name of Mother* | Charlotte Gaskill |
| *6. Mother's Maiden Name* | Woolston |
| *7. Mother's Birthplace* | Jersey City |
| *8. Full Name of Father* | [redacted] Gaskill |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Jersey City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19502

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | one |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 17 |
| *4. Place of Birth (Street and Number)* | Dudley St. No. 8 betw. Fulton & Monroe |
| *5. Full Name of Mother* | Rebecca Beal |
| *6. Mother's Maiden Name* | Rebecca Paul |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | (Dead) J. F. Beal |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | was born in Prince George County Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anney Sindner |
| *Address* | No 45 Monroe St. Balto. My |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19503

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* colored

*1. Sex (state whether Male or Female)* July 17 1877 40 clock

*2. Race or Color (if not of the white race)* Orleans st 284

*3. Date of Birth* Sophine Washing ton

*4. Place of Birth (Street and Number)* Sophine Sampson

*5. Full Name of Mother* dout Chest counter

*6. Mother's Maiden Name* Richard Washing ton

*7. Mother's Birthplace* Occupation Sum office

*8. Full Name of Father* Baltimore

*9. Father's Occupation* Dalen st

*10. Father's Birthplace* Susan Morgan midwife

*Name of Medical Attendant,* or other Person who makes this Return. 47 north durhand st

*Address*

*Remarks*

# RETURN OF A BIRTH.

19504

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH CLEARANCE JUL 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 17th 1877 |
| *4. Place of Birth (Street and Number)* | 169 Chesnut St. |
| *5. Full Name of Mother* | Mary. Ellen. Lewis |
| *6. Mother's Maiden Name* | " " Driscoll. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Paul. H. Lewis |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Edward P. McDevitt |
| *Address* | 137 N Eutaw St |
| *Remarks* | |

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19505

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 d. |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July the 17 1877 |
| 4. *Place of Birth (Street and Number)* | 158 S Register Street |
| 5. *Full Name of Mother* | Hanna Jakobson |
| 6. *Mother's Maiden Name* | " " Doff |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | John Jakobson |
| 9. *Father's Occupation* | Seeman |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19505

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 11. |
| 1. Sex (state whether Male or Female) | Mädchen |
| 2. Race or Color (if not of the white race) | " |
| 3. Date of Birth | 17. Juli 1877. |
| 4. Place of Birth (Street and Number) | Süd Kerpstorst. 158 |
| 5. Full Name of Mother | Hanna Jakobson |
| 6. Mother's Maiden Name | Döff |
| 7. Mother's Birthplace | Emden Ostfriesland |
| 8. Full Name of Father | Johan Jakobson |
| 9. Father's Occupation | Seemann |
| 10. Father's Birthplace | Emden |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | Mrs. Louise Kraft |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19306

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

JUL 20 87 BALTIMORE

*No. of Child of Mother* (*state whether 1st, ~~2d, 3d,~~ &c.*)

*1. Sex* (*state whether Male ~~or Female~~*) Male

*2. Race or Color* (*if not of the white race*) White

*3. Date of Birth* July 17th 1877

*4. Place of Birth* (*Street and Number*) No 118 Herman St.

*5. Full Name of Mother* Mary Virginia Butler

*6. Mother's Maiden Name* Mary Virginia Campbell

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Butler

*9 Father's Occupation* Merchant

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Geo. G. Brewer M D

*Address* 2580 Fayette St.

*Remarks*

# RETURN OF A BIRTH.

19507

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT
JUL 20 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 8 |
| *1. Sex* (*state whether Male or Female*) | Male |
| *2. Race or Color* (*if not of the white race*) | White |
| *3. Date of Birth* | 17 July 1877 |
| *4. Place of Birth* (*Street and Number*) | 516 Penna ave |
| *5. Full Name of Mother* | Christina Kamburg |
| *6. Mother's Maiden Name* | Christina Hackett |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Albert Hamburg |
| *9. Father's Occupation* | Cigar Packer |
| *10. Father's Birthplace* | Mecklenburg |
| *Name of Medical Attendant*, or other Person who makes this Return. | Elizabeth Schmitt |
| *Address* | N 476 Penna ave |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19508

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17 Juli
4. *Place of Birth* (Street and Number) 246 Wolfe Street
5. *Full Name of Mother* Elise Lohman
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Karl Mitter
9. *Father's Occupation* ———
10. *Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* Wolfe Street No 245.

*Remarks*

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19509

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 17. 1877.
4. *Place of Birth (Street and Number)* 91 south, castle st
5. *Full Name of Mother* Elisibeth, coupland
6. *Mother's Maiden Name* Elisibeth smith
7. *Mother's Birthplace* England
8. *Full Name of Father* James coupland
9. *Father's Occupation* laborer
10. *Father's Birthplace* scotland

*Name of Medical Attendant,* or other Person who makes this Return. nary corner 153 choptank st

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19510

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* July 17th 1877
4. *Place of Birth (Street and Number)* 244 W. Fayette St
5. *Full Name of Mother* Laura Schwab
6. *Mother's Maiden Name* Laura Constam.
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Morris Schwab
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Bavaria Germany

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Prozer Med.

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19511

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July [illegible]
4. *Place of Birth (Street and Number)* No 168 [illegible]
5. *Full Name of Mother* Lizzie Hoffman
6. *Mother's Maiden Name* Lizzie [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Hoffman
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine [illegible]

*Address* No 29 Elizabeth lane

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19512
19513

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the first ever born

1. *Sex (state whether Male or Female)* 2 females (Twins)
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 17 th of July
4. *Place of Birth (Street and Number)* in the city of Baltimore no 21 arch st
5. *Full Name of Mother* Ellen garrett
6. *Mother's Maiden Name* Ellen parks
7. *Mother's Birthplace*
8. *Full Name of Father* Jacob garrett
9. *Father's Occupation* porter in store
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. attendant Sarah am Thebren 2d rice st

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19514

JUL 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* | 10 te |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 17 1877 |
| *4. Place of Birth (Street and Number)* | C. Facette str No 433. |
| *5. Full Name of Mother* | Thesesia Huppmann |
| *6. Mother's Maiden Name* | Thesesia Bittner |
| *7. Mother's Birthplace* | Ammersbach Beiern |
| *8. Full Name of Father* | Johann Huppmann |
| *9. Father's Occupation* | Talor |
| *10. Father's Birthplace* | Pretzfeld Beiern |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ms. Johanna Raupach |
| *Address* | South Wolf str No 28. |
| *Remarks* | Midwife |

19515

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 19 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)*

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 17th 1877
4. *Place of Birth (Street and Number)* No 161 Prestman St.
5. *Full Name of Mother* Orcon Mann Jackson
6. *Mother's Maiden Name* Orcon Mann Arnold
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* George R. Jackson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Washington City D.C.

*Name of Medical Attendant,* or other Person who makes this Return. H. K. Spurrier

*Address* 379 W. Lombard St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19516

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

JUL 19 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth*
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19517

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 17th 1877

*4. Place of Birth (Street and Number)* 141 Lanvale St

*5. Full Name of Mother* Carrie McC. Trippe

*6. Mother's Maiden Name* " McConky

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* A.C. Trippe

*9. Father's Occupation* Lawyer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return P.C. Williams

*Address* 201 Madison Ave

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19578

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 17 187 |
| *4. Place of Birth (Street and Number)* | #6 North Chapel |
| *5. Full Name of Mother* | Katharina Bitterich |
| *6. Mother's Maiden Name* | Katharina Simpson |
| *7. Mother's Birthplace* | Philadelphia |
| *8. Full Name of Father* | Frederick Bitterich |
| *9. Father's Occupation* | Cannmaker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Lederer |
| *Address* | 25 S Durham Alley |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19519

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth July 17th 1877

4. Place of Birth (Street and Number) No. 147 Pierce st.

5. Full Name of Mother Martha Gleeds

6. Mother's Maiden Name " Fisher

7. Mother's Birthplace Calvert Co. Md.

8. Full Name of Father Daniel Gleeds

9 Father's Occupation Tailor

10. Father's Birthplace Virginia - Shanadoah Co,

Name of Medical Attendant, or other Person who makes this Return. E. B. Gardner M. D.

Address 120 N. Greene st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19520

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 17th 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore ~~York~~ York St. No 94 |
| *5. Full Name of Mother* | Stashia Perkins |
| *6. Mother's Maiden Name* | " Shally |
| *7. Mother's Birthplace* | ireland |
| *8. Full Name of Father* | William Perkins |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | ~~Ireland~~ ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Elizabeth Scarborough |
| *Address* | No 236. Montgomery St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19521

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July the 18th 1877

*4. Place of Birth (Street and Number)* 95 Leadenhall Street

*5. Full Name of Mother* Virginia. Bishop

*6. Mother's Maiden Name* Virginia. Lighthizer

*7. Mother's Birthplace* Norfolk Va

*8. Full Name of Father* John. Fredrick. Bishop

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. M. Strong.

*Remarks* No 32. Leadenhall Street

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19522

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
3
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 18th 1877. |
| *4. Place of Birth (Street and Number)* | 9 Bakercourt |
| *5. Full Name of Mother* | Emilia Kangman |
| *6. Mother's Maiden Name* | E Ritter |
| *7. Mother's Birthplace* | Prussia |
| *8. Full Name of Father* | Heinam Bergan |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Bernd |
| *Address* | 56 Pearl St |
| *Remarks* | |

# RETURN OF A BIRTH.

19528

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 18th 1877 |
| *4. Place of Birth (Street and Number)* | No 237 S Bethel st. |
| *5. Full Name of Mother* | Bridget Ryan |
| *6. Mother's Maiden Name* | Ryan |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Thomas Ryan |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buchmanner |
| *Address* | 120 Bank St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

195214

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Wh |
| *3. Date of Birth* | 18 of July |
| *4. Place of Birth (Street and Number)* | Bolton Ave. N 231 |
| *5. Full Name of Mother* | Ellen Jeffers |
| *6. Mother's Maiden Name* | Ellen Boyle |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Jeffers |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19525

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.) 4th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth July 18th 1877
4. Place of Birth (Street and Number) Gilmor 2nd Door N. of Pattersons Av
5. Full Name of Mother Hettie V. Brethaus
6. Mother's Maiden Name " Riefle
7. Mother's Birthplace Balt
8. Full Name of Father Henry E Brethaus
9. Father's Occupation Paint & Oil
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Morris M D
5 [illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19526

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 child

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Called

*3. Date of Birth* th 18 of Jul 1877

*4. Place of Birth (Street and Number)* No 8 hull lain

*5. Full Name of Mother* [illegible] Nelson

*6. Mother's Maiden Name* —

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* —

*9. Father's Occupation* —

*10. Father's Birthplace* —

*Name of Medical Attendant,* or other Person who makes this Return. Rosen

*Address* Wilkins No 10

*Remarks* [illegible] Rosen

# RETURN OF A BIRTH.

19527

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 18 July |
| *4. Place of Birth (Street and Number)* | 145 Pratt Street |
| *5. Full Name of Mother* | Mary Wanes |
| *6. Mother's Maiden Name* | Wallis |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Wanes |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophie Simon |
| *Address* | No 70 Granby St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19528

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth July 18th 1877.
4. Place of Birth (Street and Number) No 4 McEldery st Balto Md
5. Full Name of Mother Cornelia Perkins
6. Mother's Maiden Name " Mainly
7. Mother's Birthplace Balto Md
8. Full Name of Father Robert L Perkins
9. Father's Occupation Teamster or Wagoner
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway [illegible] M.D.

Address No 121 E Balto st Balto Md

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19529

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | — |
| 3. *Date of Birth* | July 18th 1877 |
| 4. *Place of Birth (Street and Number)* | 12 Frederick St |
| 5. *Full Name of Mother* | Caroline Gerdt |
| 6. *Mother's Maiden Name* | Caroline Struth |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Henry Gerdt |
| 9. *Father's Occupation* | Restaurant |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Sarah Casper |
| *Address* | 12 E Lombard St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19530

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kinder

1. Sex (state whether Male or Female) Mächtchen
2. Race or Color (if not of the white race) Weiße
3. Date of Birth 18ten Juli 1877
4. Place of Birth (Street and Number) Pensylvania Avenue 582
5. Full Name of Mother Luisa ~~Kolegh~~ Beck
6. Mother's Maiden Name Luisa Kolegh
7. Mother's Birthplace in Baltimore
8. Full Name of Father Joseph Beck
9. Father's Occupation Schuhmacher
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Hebamme Theresia Eigeldinger

Address No 14 Junior Strit.

Remarks

# RETURN OF A BIRTH.

19530

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 15th 1877 |
| 4. *Place of Birth (Street and Number)* | 582 Pennsylvania ave |
| 5. *Full Name of Mother* | Louisa Beck |
| 6. *Mother's Maiden Name* | " Raleigh |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Joseph Beck |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Theresia Eigelsbinger |
| *Address* | No 14 Union Street |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13531

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 18th 1877 |
| *4. Place of Birth (Street and Number)* | 30 Hughlett |
| *5. Full Name of Mother* | Annie J Auld |
| *6. Mother's Maiden Name* | Annie J Knight |
| *7. Mother's Birthplace* | Talbot Co Md |
| *8. Full Name of Father* | Philip Auld |
| *9. Father's Occupation* | Ship Carpenter |
| *10. Father's Birthplace* | Talbot Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

19532

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* second

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 18 th of july
4. *Place of Birth (Street and Number)* paiush st No 11
5. *Full Name of Mother* anna young Helman
6. *Mother's Maiden Name* anna young
7. *Mother's Birthplace* Calvert County Md
8. *Full Name of Father* James Helman
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Accomac County Va

*Name of Medical Attendant,* or other Person who makes this Return. Lydia Somerville

*Address* 13 Clinton avenue

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19533

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) July th 18 1877

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth July th 18 1877
4. Place of Birth (Street and Number) 41 little mc Eldry St
5. Full Name of Mother Georg anno harris
6. Mother's Maiden Name Georgeanna Raff
7. Mother's Birthplace Baltimore county md
8. Full Name of Father Samuel E harris
9. Father's Occupation labor
10. Father's Birthplace talbot county md

Name of Medical Attendant, or other Person who makes this Return. madm anno Raff

Address midwife

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

195344

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Eighthone (8th)

*1. Sex (state whether Male or Female)* femal

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 18th 1877.

*4. Place of Birth (Street and Number)* 227 E. Eager St.

*5. Full Name of Mother* Josephine Guckert.

*6. Mother's Maiden Name* Funk

*7. Mother's Birthplace* Balto. Md.

*8. Full Name of Father* John Guckert Jr.

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Sauerwein

*Address* 105 N. Central Avenue.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19535

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 18th 1877. |
| *4. Place of Birth (Street and Number)* | No. 224. E. Monument St. |
| *5. Full Name of Mother* | Kate Thomas. |
| *6. Mother's Maiden Name* | Kate Rille. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Richard Thomas. |
| *9. Father's Occupation* | Beer Saloon. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dona Willgeist. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19536

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* July 18th 1877.

*4. Place of Birth (Street and Number)* No. 204. Forest St.

*5. Full Name of Mother* Kate Mitchell.

*6. Mother's Maiden Name* Kate Shipley.

*7. Mother's Birthplace* Baltimore.

*8. Full Name of Father* George Mitchell.

*9. Father's Occupation* Fireman.

*10. Father's Birthplace* Philadelphia.

*Name of Medical Attendant,* or other Person who makes this Return. Dona Millegrist.

*Address* No. 182 E. Monument St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19537

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female 1
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th day of July 1877
4. *Place of Birth (Street and Number)* 116 Franklin St
6. ~~*Full Name of Mother*~~ Mother's maiden name Elizabeth Weinsdorfer
6. ~~*Mother's Maiden Name*~~ Mother Mrs E. Rieger
7. *Mother's Birthplace* Europe Kingdom of Bavaria
8. *Full Name of Father* John Rieger
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace* Europe Kingdom of Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. Annie Mesenzehl

*Address* 220 Preston St

*Remarks*

# RETURN OF A BIRTH.

19538

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP
13
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 4th |
| *1. Sex* (state whether *Male* or *Female*) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | July 18th 1877 |
| *4. Place of Birth* (Street and Number) | 54 Thames |
| *5. Full Name of Mother* | Eliza Goodhues |
| *6. Mother's Maiden Name* | " Douglas |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Ferdinand Goodhues |
| *9 Father's Occupation* | Contractor |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | Geo B Reynolds |
| *Address* | 43 N. Calvert |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, who shall attend, assist, or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19539

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 10th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 19th 1877.

*4. Place of Birth (Street and Number)* 96 Carrollton Ave

*5. Full Name of Mother* Corinne Anderson

*6. Mother's Maiden Name* Corinne Cannon

*7. Mother's Birthplace* Louisianna

*8. Full Name of Father* Clifford Anderson

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Geo G Ogle M.D.

*Address* 229 Cary St.

*Remarks*

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19540

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 19th 1877 |
| *4. Place of Birth (Street and Number)* | 265 Eastern ave |
| *5. Full Name of Mother* | Elizabeth Helwig |
| *6. Mother's Maiden Name* | " Singley |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Julius Helwig |
| *9. Father's Occupation* | Coal Dealer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | D Webster Cathell |
| *Address* | 21 Broadway |
| *Remarks* | Infant born apparently prematurely but viable |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19511

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | M |
| *2. Race or Color (if not of the white race)* | W |
| *3. Date of Birth* | July 19th 1877 |
| *4. Place of Birth (Street and Number)* | 70 Hessler St |
| *5. Full Name of Mother* | Betty Ann Smith |
| *6. Mother's Maiden Name* | Elizabeth Brookbank |
| *7. Mother's Birthplace* | Charles Co Md |
| *8. Full Name of Father* | Edward Smith |
| *9. Father's Occupation* | Lumber Dresser |
| *10. Father's Birthplace* | Norfolk Va |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charles Brookbank MD |
| *Address* | 84 Eutaw St |
| *Remarks* | Breech Presentation |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1877
19542

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 26 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July the 19 |
| *4. Place of Birth (Street and Number)* | Baltimore Williamson St 96 |
| *5. Full Name of Mother* | Francis D Austian |
| *6. Mother's Maiden Name* | Francis D Brallon |
| *7. Mother's Birthplace* | North Carolina |
| *8. Full Name of Father* | William G Austian |
| *9. Father's Occupation* | wagner |
| *10. Father's Birthplace* | Baltimore M d |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary J Lewis |
| *Address* | Williamson St no 94 |
| *Remarks* | both Doing well |

*adviser at the birth of any child, within the City of Baltimore, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

19543

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 dead

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* colored

3. *Date of Birth* June 18 77

4. *Place of Birth (Street and Number)* 437 [illegible]

5. *Full Name of Mother* [illegible]

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* Baltimore city

8. *Full Name of Father* [illegible]

9. *Father's Occupation* [illegible] carpenter

10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19544

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex (state whether Male or Female)* | female |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | July 19th 1877 |
| 4. *Place of Birth (Street and Number)* | [illegible] Bank Str |
| 5. *Full Name of Mother* | [illegible] |
| 6. *Mother's Maiden Name* | Sophie Seibrecht |
| 7. *Mother's Birthplace* | [illegible] State |
| 8. *Full Name of Father* | Henry Miller |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Sarah Cashe |
| *Address* | 82 E Lombard Str |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19545

HEALTH STATISTICS JUL 23 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | July 17th 1877 |
| 4. *Place of Birth (Street and Number)* | 89 Lombard Str |
| 5. *Full Name of Mother* | Gertrude Walter |
| 6. *Mother's Maiden Name* | Gertrude Schaffer |
| 7. *Mother's Birthplace* | U. States |
| 8. *Full Name of Father* | Ludwig Walter |
| 9. *Father's Occupation* | Ice Maker |
| 10. *Father's Birthplace* | United States |
| *Name of Medical Attendant,* or other Person who makes this return | Sarah Casper |
| *Address* | 52 E. Lombard Str. |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19546

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | July 17th 1877 |
| 4. *Place of Birth (Street and Number)* | 8 Eastern St |
| 5. *Full Name of Mother* | Rosa Weiss |
| 6. *Mother's Maiden Name* | Rosa Hoza |
| 7. *Mother's Birthplace* | U States |
| 8. *Full Name of Father* | Henry Weiss |
| 9. *Father's Occupation* | Cooper |
| 10. *Father's Birthplace* | U S |
| *Name of Medical Attendant, or other Person who makes this return* | Sarah Cayer |
| *Address* | 52 E Lombard St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19647

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 19th 1877 |
| *4. Place of Birth (Street and Number)* | 113 Henrietta St |
| *5. Full Name of Mother* | Annie Shirley |
| *6. Mother's Maiden Name* | Annie Jones |
| *7. Mother's Birthplace* | Dorchester Co Md |
| *8. Full Name of Father* | Geo Shirley |
| *9. Father's Occupation* | Car Maker |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19518

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 23 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 Female |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race* | Light Roman Skin |
| *3. Date of Birth* | July 19 1877 |
| *4. Place of Birth (Street and Number)* | No 160 East St Balto. City |
| *5. Full Name of Mother* | Morgret Edwards |
| *6. Mother's Maiden Name* | Morgret Chester |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Andrue Edwards |
| *9. Father's Occupation* | A Drayman |
| *10. Father's Birthplace* | Ruben North Carolina |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary A Morton |
| *Address* | No 162 East Balto City |
| *Remarks* | |

19549

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

x (state whether Male or Female) Bub

ce or Color (if not of the white race) Weiß

e of Birth geboren den 19ten Juli

ce of Birth (Street and Number) No 171. Carlein Str.

l Name of Mother Dore Kistner

her's Maiden Name Dore Krummik

other's Birthplace Baltimore

Full Name of Father Ch. Kistner

9. Father's Occupation ~~Baltimore~~ Handarbeiter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address No 178 Corner of Dallas and Eastern Av

Remarks Hemme

advise at th
within si
born,
th

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19550

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** July 20

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1877
4. *Place of Birth (Street and Number)* 116 Junction Alley
5. *Full Name of Mother* Barbara Horst
6. *Mother's Maiden Name* Barbara Fichmiller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Horst
9. *Father's Occupation* Bakery
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. Amend

*Address* No. 137 Wolfe St.

*Remarks* —

19531

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 11
4. *Place of Birth (Street and Number)* 1316 Eighteenth St
5. *Full Name of Mother* Francis Kirkwood
6. *Mother's Maiden Name* Francis Woodyard
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Joseph Kirkwood
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Hamel

*Address* No 29 Elizabeth Lane

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19552

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 19 Juli
4. *Place of Birth* (Street and Number) 57 Langeste Street
5. *Full Name of Mother* Marie Kelner
6. *Mother's Maiden Name* Artz
7. *Mother's Birthplace* Bajern
8. *Full Name of Father* August Artz
9. *Father's Occupation*
10. *Father's Birthplace* Bajern

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* Wolfe Street 245

*Remarks*

advise at the birth of any child, within the City of Balti
within six days thereafter, stating distinctly the date of b
born, its or their physical condition, whether still born or
of the parents, and the maiden name of the mother of su

# RETURN OF A BIRTH.

19553

JUL 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 13 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 19 1877 |
| *4. Place of Birth (Street and Number)* | No 99 Madison St |
| *5. Full Name of Mother* | Franciska Ruppert |
| *6. Mother's Maiden Name* | " " Spitzle |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Karl Ruppert |
| *9. Father's Occupation* | Tanner |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbara Reiss |
| *Address* | No 26 N. Fredrick St |
| *Remarks* | |

19554

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | First of Child |
| *1. Sex (state whether Male or Female)* | Male Child |
| *2. Race or Color (if not of the white race)* | Brown Skin |
| *3. Date of Birth* | 8 4 Durham st |
| *4. Place of Birth (Street and Number)* | 4 of July |
| *5. Full Name of Mother* | Charlet Brown |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Ann Rand County |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | No 9 Bradford alley |
| *Remarks* | Midwife Sidney Lockman |

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19555

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 19 Jul |
| *4. Place of Birth (Street and Number)* | 12 y. Canal Lane |
| *5. Full Name of Mother* | Charlotte Klange |
| *6. Mother's Maiden Name* | " Farm |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | George Klange |
| *9. Father's Occupation* | Silversmith |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Carper |
| *Address* | 52 E Lombard St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19556

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 20 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 19th 1877 |
| *4. Place of Birth (Street and Number)* | No 6 New Church St. |
| *5. Full Name of Mother* | Mary Canava |
| *6. Mother's Maiden Name* | Mary Dundare |
| *7. Mother's Birthplace* | New York |
| *8. Full Name of Father* | John C. Canava |
| *9. Father's Occupation* | Fruit Dealer |
| *10. Father's Birthplace* | Genova Italy |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Jane Winnebenger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19557

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July the 19th 1877 |
| *4. Place of Birth (Street and Number)* | 171 Chesnut Street |
| *5. Full Name of Mother* | Maria Mahr |
| *6. Mother's Maiden Name* | " Dietz |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Heinrich Mahr |
| *9. Father's Occupation* | Becker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Barbara Reiss |
| *Address* | 26 N Fredrick St |
| *Remarks* | |

19538

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 2nd. 19. 1877
4. *Place of Birth (Street and Number)* S. Bond St. No. 313.
5. *Full Name of Mother* Alwine D. Klepper
6. *Mother's Maiden Name* Alwine D. Lange
7. *Mother's Birthplace* Braunschweig. Herz. Braunschweig. Germany
8. *Full Name of Father* Charles Klepper
9. *Father's Occupation* Butter Dealer
10. *Father's Birthplace* Kassel. Pr. Preussen Germany

*Name of Medical Attendant, or other Person who makes this return* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

alvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19559

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.tes Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren den 19.ten Juli
4. Place of Birth (Street and Number) No 81. Grember Str.
5. Full Name of Mother Rebeke Nöten
6. Mother's Maiden Name Rebeke Müller
7. Mother's Birthplace Deutschland
8. Full Name of Father Kockob Nöten
9. Father's Occupation Glocser
10. Father's Birthplace Aus Russland

Name of Medical Attendant, or other Person who makes this Return. Friderike Kandmann

Address No 178 Corner of Dallas and Eastern Av

Remarks Hemme

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19560

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT.
JUL 20 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Thursday July 19th 1877 |
| *4. Place of Birth (Street and Number)* | No 170 Donnolly's Court |
| *5. Full Name of Mother* | Annie Lavary |
| *6. Mother's Maiden Name* | Annie McKernon |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Robert Lavary |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | T. J. Ward M.D. |
| *Address* | 127 St Paul St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19561

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19. 1877
4. *Place of Birth (Street and Number)* 349 Wlexington St.
5. *Full Name of Mother* Mary Ann Eastman
6. *Mother's Maiden Name* Formley
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Lewis M. Eastman
9. *Father's Occupation* Physician
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Lewis M. Eastman

*Address* 349 [illegible]

*Remarks*

Dec
19562

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

Name: Eva Barbara Himmer

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July th 19 " 1877 |
| 4. *Place of Birth (Street and Number)* | 421 Canton ave |
| 5. *Full Name of Mother* | Henrietta Himmer |
| 6. *Mother's Maiden Name* | " " " Schmidt |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | George Himmer |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19562 B

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | erste |
| *1. Sex (state whether Male or Female)* | Mädchen |
| *2. Race or Color (if not of the white race)* | " |
| *3. Date of Birth* | 19. Juli 1877. |
| *4. Place of Birth (Street and Number)* | Canton Ave 421 |
| *5. Full Name of Mother* | Henrietta Lemmer |
| *6. Mother's Maiden Name* | Schmidt |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Georg Lemmer |
| *9. Father's Occupation* | Taglöhner |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Mrs. Louise Kraft. |
| *Remarks* | |

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19563

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 8th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* July 20th 1877
4. *Place of Birth* (Street and Number) No 236 S Durham St
5. *Full Name of Mother* Selma Christzmann
6. *Mother's Maiden Name* " Gebhart
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Otto Christzmann
9. *Father's Occupation* Ice Man
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabetta Buschmann

*Address* 121 Bank St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

195611

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 20th 1877 |
| 4. *Place of Birth (Street and Number)* | 61 Essex Street |
| 5. *Full Name of Mother* | Mary Louisa Bonn |
| 6. *Mother's Maiden Name* | " " Phillips |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | William Bonn |
| 9. *Father's Occupation* | Ship-joiner |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | James G. Shaw, M.D. |
| *Address* | 68 S. Broadway |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19565

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Aney Jones

*1. Sex (state whether Male or Female)* Birdtt mail

*2. Race or Color (if not of the white race)* Colord

*3. Date of Birth* July 20

*4. Place of Birth (Street and Number)* 380 Wes St Baltimore

*5. Full Name of Mother* Aney harkins

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Batti more

*8. Full Name of Father* Je yones

*9. Father's Occupation* Brick yard

*10. Father's Birthplace* Battimore

*Name of Medical Attendant,* or other Person who makes this Return. angline Wilson

*Address* 393 Crows St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19566

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

*1. Sex (state whether Male or Female)* 3 female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 20 1877

*4. Place of Birth (Street and Number)* Gilmore A Pl 83 Baltimore

*5. Full Name of Mother* Elizer Smith

*6. Mother's Maiden Name* Elizer Murson

*7. Mother's Birthplace* Baltimore M S

*8. Full Name of Father* Jacob Th smith

*9. Father's Occupation* Engineer

*10. Father's Birthplace* Howard C M S

*Name of Medical Attendant,* or other Person who makes this Return. Miss S Sueburger

*Address* 274 Ramsey st Baltimore

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18567

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* 6 Mail
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 20th 1877
4. *Place of Birth (Street and Number)* Vinson street No 3 Baltimore
5. *Full Name of Mother* Susannah Clatenburger
6. *Mother's Maiden Name* Susannah Miller
7. *Mother's Birthplace* Baltimore Co MD
8. *Full Name of Father* Henry Miller
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs S Treeburger

*Address* 274 Ramsey st Baltimore

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19568

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)*

*1. Sex (state whether Male or Female)* 1 Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 20th 1877

*4. Place of Birth (Street and Number)* Tyson St. 170, Balto

*5. Full Name of Mother* Mrs Annie Curley

*6. Mother's Maiden Name* Annie Harvy

*7. Mother's Birthplace* Drumkeeling Co Donegal Ireland

*8. Full Name of Father* Mr. Owen Curley

*9 Father's Occupation* Store Keeper Grocier & Liquor

*10. Father's Birthplace* Sonoughmore Co Galway Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Cneil

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19569

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Colled

*3. Date of Birth* July 20

*4. Place of Birth (Street and Number)* 188 Tyson St

*5. Full Name of Mother*

*6. Mother's Maiden Name* Charlotta Hanson

*7. Mother's Birthplace* Balt Md

*8. Full Name of Father* Asbray Hanson

*9. Father's Occupation* Grain Runner

*10. Father's Birthplace* Balt Md

*Name of Medical Attendant,* or other Person who makes this Return. Charlott. Goosbeary

*Address* 85 Moses Alley

*Remarks*

# RETURN OF A BIRTH.

19370

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 20th 1877 |
| 4. *Place of Birth (Street and Number)* | No 2 Leadenhall Street |
| 5. *Full Name of Mother* | Cathrina Magenhöfer |
| 6. *Mother's Maiden Name* | " " " Heiser |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Charles Magenhöfer |
| 9. *Father's Occupation* | Cigar Maker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Münch |
| *Address* | 74 Leadenhall Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19570 1/2

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1877 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 7

*1. Sex (state whether Male or Female)* Weiblich

*2. Race or Color (if not of the white race)* Weiß

*3. Date of Birth* 20 Julie

*4. Place of Birth (Street and Number)* 2 Heatenhall Strit

*5. Full Name of Mother* Catharina Magenhofer

*6. Mother's Maiden Name* Ca Heiser

*7. Mother's Birthplace* Deutschland

*8. Full Name of Father* Schalie Magenhofer

*9. Father's Occupation* Sigarren Macher

*10. Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Catharina Münch

*Address* 74 Heatenhall Strit

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19571

HEALTH DEPARTMENT
JUL 31 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 20th 1877 |
| *4. Place of Birth (Street and Number)* | 289 Pratt St |
| *5. Full Name of Mother* | Dorothea ~~Lash~~ Sponer |
| *6. Mother's Maiden Name* | " Sponer Lash |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Peter Sponer |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rose Kelly |
| *Address* | 48 Holland St |
| *Remarks* | |

19572

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL
31
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* July 20th 1877
4. *Place of Birth (Street and Number)* Chase St 212
5. *Full Name of Mother* Elizabeth J Bockell
6. *Mother's Maiden Name* V Smith
7. *Mother's Birthplace* Prussia Europe
8. *Full Name of Father* Gedorod Bockell
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hanover Europe

*Name of Medical Attendant,* or other Person who makes this Return. Mrs B. Kelly

*Address* 78 Holland St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19573

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 31 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 20th 1877
4. *Place of Birth (Street and Number)* Gay St # 293
5. *Full Name of Mother* Augusta Meier
6. *Mother's Maiden Name* " " Koch
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* August Meier
9. *Father's Occupation* Basket maker
10. *Father's Birthplace* Saxon Duchy

*Name of Medical Attendant,* or other Person who makes this Return. Mrs K. Meier

*Address* 78 Holland St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19574

# RETURN OF A BIRTH.

520

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 20th of July |
| *4. Place of Birth (Street and Number)* | 331 Cathedral St. |
| *5. Full Name of Mother* | Mary Purdy |
| *6. Mother's Maiden Name* | Ladd. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Purdy |
| *9. Father's Occupation* | Engineer. |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Charlotte Crosby |
| *Address* | 369 Cathedral St |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

19573

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
2
1977
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* julug 20
4. *Place of Birth (Street and Number)* elbow lane 42
5. *Full Name of Mother* rachil townsel
6. *Mother's Maiden Name* rachil maxfield
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* moses townsel
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. mary ann dorsey

*Address* Wayn st 170

*Remarks* five dollars

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19576

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 8te |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 20th 1877 |
| *4. Place of Birth (Street and Number)* | Hanover St. 51st |
| *5. Full Name of Mother* | Johanna Zimmermann |
| *6. Mother's Maiden Name* | Hofmeister. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Charles Zimmermann |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Sachsen Weimer Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Krob |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

19577

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 20th 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard St. (Maternité)
5. *Full Name of Mother* Mary Virginia Bladgett
6. *Mother's Maiden Name* Greenwell
7. *Mother's Birthplace* St. Mary's County Md.
8. *Full Name of Father* Henry H. Bladgett
9. *Father's Occupation* Driver
10. *Father's Birthplace* New-York

*Name of Medical Attendant, or other Person who makes this Return.* Wm Gambrill M. D.

*Address* 163 W. Lombard St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19578

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 22 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 20 July
4. Place of Birth (Street and Number) No 55 front st
5. Full Name of Mother Annie Lewes
6. Mother's Maiden Name Anne Lone
7. Mother's Birthplace Ireland
8. Full Name of Father Charles Lewes
9. Father's Occupation Labor
10. Father's Birthplace ~~Germany~~ America

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Fleming

Address No 97 Albemarle

Remarks healthy

# RETURN OF A BIRTH.

19579

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)*

*1. Sex (state whether ~~Male~~ or Female)*

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 20/77

*4. Place of Birth (Street and Number)* 444 W Lombard St

*5. Full Name of Mother* Annie Baker

*6. Mother's Maiden Name* " De Gaw

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* ~~Robert T.~~ Robert T. Baker

*9. Father's Occupation* Drug Clerk

*10. Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. A L Spicer M.D

*Address* 379 W Lombard St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH. 19580

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 20, 1877 |
| *4. Place of Birth (Street and Number)* | 100 Richmond st |
| *5. Full Name of Mother* | Pauline Simon |
| *6. Mother's Maiden Name* | D. Dinkelspiel |
| *7. Mother's Birthplace* | Baden, Germany |
| *8. Full Name of Father* | Moses Simon |
| *9 Father's Occupation* | Liquor Dealer |
| *10. Father's Birthplace* | Hesse Cassel, Ger |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. M. F. Hank |
| *Address* | 158 W. Baltimore St. |
| *Remarks* | |

19581

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 23 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 20th 1877 |
| *4. Place of Birth (Street and Number)* | 225 Montgomery st |
| *5. Full Name of Mother* | Francis A. Woolford |
| *6. Mother's Maiden Name* | Francis A. Merritt |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Napoleon B. Woolford |
| *9. Father's Occupation* | Lumber Dealer |
| *10. Father's Birthplace* | Rochester Co. NY |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Lorte M.D. |
| *Address* | |
| *Remarks* | |

**adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19582

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 20th July

*4. Place of Birth (Street and Number)* north Patuxent st Canton

*5. Full Name of Mother* Harriet Sullens

*6. Mother's Maiden Name* Harriet Holt

*7. Mother's Birthplace* Frederick Co

*8. Full Name of Father* John R Sullens

*9. Father's Occupation* Heater

*10. Father's Birthplace* Frederick Co

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah Sullens

*Address* 104 Curley st Canton

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19583

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

July 20th

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 20th 1877

*4. Place of Birth (Street and Number)* 138 Bank St

*5. Full Name of Mother* Lizzie Reinhardt

*6. Mother's Maiden Name* Lizzie Umbach

*7. Mother's Birthplace* America

*8. Full Name of Father* John Reinhardt

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Dunnd

*Address* No 137 Wolfe St

*Remarks* H

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19584

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 20th 1877.
4. *Place of Birth (Street and Number)* No. 254. Front St.
5. *Full Name of Mother* Mary Breamer.
6. *Mother's Maiden Name* Mary Lynch.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Charles Breamer.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

# RETURN OF A BIRTH. 19585

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins — 1st confinement

1. Sex (state whether Male or Female) Both Males

2. Race or Color (if not of the white race) White

3. Date of Birth July 20th 1877

4. Place of Birth (Street and Number) 440 Madison Ave

5. Full Name of Mother Carrie E. Rouse

6. Mother's Maiden Name " " Shriver

7. Mother's Birthplace Westminster Carroll Co

8. Full Name of Father Edwin Rouse

9. Father's Occupation Commission Grain Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. L. Williams

Address 201 Madison Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19586

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex* (~~state whether~~ Male ~~or Female~~) Male
2. *Race* ~~or Color~~ (if not of the white race) White
3. *Date of Birth* July 21th 1877
4. *Place of Birth* (Street and Number) N Exeter St 150
5. *Full Name of Mother* Mary Virginia Gibson
6. *Mother's Maiden Name* " " Stever
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Rowland Goodlow Gibson
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Geo. H. Watson M. D.

*Address* 18 Aisquith Balt.

*Remarks*

81 19587

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
18
1877
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 6th Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 21st. 10 A. M. 1877.
4. *Place of Birth* (Street and Number) 34 N. Wolf St
5. *Full Name of Mother* Mary Felicie Freedom Colbert
6. *Mother's Maiden Name* Mary Felicia Fredon
7. *Mother's Birthplace* Norfolk Virginia
8. *Full Name of Father* James Alexander Colbert
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant*, or other Person who makes this Return. James E. Darnall M.D.

*Address* 299 E. Baltimore St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19558

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 2 nd |
| *1. Sex* (*state whether Male or Female*) | Female |
| *2. Race or Color* (*if not of the white race*) | Colored |
| *3. Date of Birth* | July 22 d 77 |
| *4. Place of Birth* (*Street and Number*) | 26 Raborg St |
| *5. Full Name of Mother* | Martha Gant |
| *6. Mother's Maiden Name* | Martha Scott |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | J W. Gant |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Anne Arundel |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. R Uhler M.D. |
| *Address* | 234 W Fayette St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19589

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 21. 1877
4. *Place of Birth (Street and Number)* South Bettelstr No. 52
5. *Full Name of Mother* Rosa Muller
6. *Mother's Maiden Name* Rosa Kutzendorfer
7. *Mother's Birthplace* Eckelheim Baiern
8. *Full Name of Father* Johann Muller
9. *Father's Occupation* Lebemann
10. *Father's Birthplace* Hofe Baiern

*Name of Medical Attendant,* or other Person who makes this Return. Mr Johanny Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19590

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 21st 1877

*4. Place of Birth (Street and Number)* 53 St. Eden St

*5. Full Name of Mother* Elizabeth Caulk

*6. Mother's Maiden Name* Elizabeth Bourne

*7. Mother's Birthplace* Balto. Md.

*8. Full Name of Father* Charles L. Caulk

*9. Father's Occupation* Processor

*10. Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Allwell

*Address* 286 Mt Donogh St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19591

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third Child |
| *1. Sex (state whether Male or Female)* | Male Child |
| *2. Race or Color (if not of the white race)* | Yellow Child |
| *3. Date of Birth* | July 21 1877 |
| *4. Place of Birth (Street and Number)* | Mulliken st No 84 |
| *5. Full Name of Mother* | Louisa Purviance |
| *6. Mother's Maiden Name* | Louisa Robinson |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Joseph S Purviance |
| *9. Father's Occupation* | Drayman |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mid w ife Harriet Britton |
| *Address* | address 84 Mulliken st Baltimore Md |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19592

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 26 1897 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 21st

*4. Place of Birth (Street and Number)* 69 Centre Market

*5. Full Name of Mother* Annie E. Clary

*6. Mother's Maiden Name* " " Meara

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* James Clark

*9. Father's Occupation* House Carpenter

*10. Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Reifs Friedrichsdorf

*Address* 50 Harrison St

*Remarks* Healthy Child

# RETURN OF A BIRTH.

19593

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUL 26 1877 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | White Male |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 21. 1877 |
| *4. Place of Birth (Street and Number)* | 402 E. Baltimore St. |
| *5. Full Name of Mother* | Josephine Tilden Baylies. |
| *6. Mother's Maiden Name* | Josephine Tilden Grant. |
| *7. Mother's Birthplace* | New York. |
| *8. Full Name of Father* | William F. Baylies. |
| *9. Father's Occupation* | Merchant. |
| *10. Father's Birthplace* | Maryland. |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. N. Hanck M.D. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19594

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPT
JUL 26 87
BALTIMORE MD

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 21 1877
4. *Place of Birth (Street and Number)* 310 Catin Street
5. *Full Name of Mother* Lisabeth Gerpass
6. *Mother's Maiden Name* L Seil
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Jakob Gerpass
9. *Father's Occupation* Gerber
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie A Rudiger

*Address* 134 ½ Bond Stret

*Remarks*

---

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19595

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 2d July 1877. |
| *4. Place of Birth (Street and Number)* | 119. East Lombard St. |
| *5. Full Name of Mother* | Margrett Dittell. |
| *6. Mother's Maiden Name* | Margrett Wolter |
| *7. Mother's Birthplace* | Baltimore City. |
| *8. Full Name of Father* | Wm. Dittell |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Walter |
| *Address* | 25 N. Caroline St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19596

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 26 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4te-Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the. 21. 1877
4. *Place of Birth (Street and Number)* N. Washington St. No. 113
5. *Full Name of Mother* Doria Grill
6. *Mother's Maiden Name* Doria Müller
7. *Mother's Birthplace* Fulda. H. Preussen. Germany
8. *Full Name of Father* Gottfried Grill
9. *Father's Occupation* Garver
10. *Father's Birthplace* Lackenhaus K. K Oesterreich Europa

*Name of Medical Attendant, or other Person who makes this return* Mary E. Müller

*Address* N. Dallas St. No 26.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19597

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one Child one mother

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* July the 21 1877
4. *Place of Birth (Street and Number)* 124 Register St Baltimore md
5. *Full Name of Mother* Jane Moore
6. *Mother's Maiden Name* Jane Thompson
7. *Mother's Birthplace* Baltimore Co md
8. *Full Name of Father* Murphey Moore
9. *Father's Occupation* Labor
10. *Father's Birthplace* Wilmington South Carlina

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Register St 130 Baltimore

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19598

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* the 2

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* the 22, of Juli,
4. *Place of Birth (Street and Number)* No 100, Somerset, St.
5. *Full Name of Mother* Anne, Zank
6. *Mother's Maiden Name* Anne Grob.
7. *Mother's Birthplace* Baltemore,
8. *Full Name of Father* Justus Grob
9. *Father's Occupation* Dalor
10. *Father's Birthplace* Germone

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mes Sauer

*Remarks* 173 Heifert, ave,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19599

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 Fred

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 21 July 1877

*4. Place of Birth (Street and Number)* 22 Hall Lane

*5. Full Name of Mother* Mary Stuard

*6. Mother's Maiden Name* Mary Matthews

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Sam J Stuard

*9. Father's Occupation* Sailor

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Beth Williams

*Address* [illegible]

*Remarks* [illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19600

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 21 July |
| *4. Place of Birth (Street and Number)* | Wilcox St |
| *5. Full Name of Mother* | Bridget Farington |
| *6. Mother's Maiden Name* | Lord |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | James Farington |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19601

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven Children

1. Sex (state whether Male or Female) Last A Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 21st of July 1877
4. Place of Birth (Street and Number) 100 North wolfe street
5. Full Name of Mother Idea Heisler
6. Mother's Maiden Name Idea McCurdy
7. Mother's Birthplace Baltimore
8. Full Name of Father Jas P. McCurdy
9. Father's Occupation Carpenter Georgetown
10. Father's Birthplace Georgetown

Name of Medical Attendant, or other Person who makes this Return. Cresentia Lumbe

Address 74 North Chappel st for John Lumbe &

Remarks Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

196021

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 21st 1877 |
| *4. Place of Birth (Street and Number)* | 141 Hedge |
| *5. Full Name of Mother* | Starina Bowman |
| *6. Mother's Maiden Name* | Starina Austin |
| *7. Mother's Birthplace* | Washington D.C. |
| *8. Full Name of Father* | Theodore J. Bowman |
| *9. Father's Occupation* | Shipping Clerk |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cooke M.D. |
| *Address* | |
| *Remarks* | |

HEALTH DEPARTMENT JUL 24 1877 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19603

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 21st 1877 |
| *4. Place of Birth (Street and Number)* | # 272 Eastern Ave |
| *5. Full Name of Mother* | Kate [redacted] Uhl |
| *6. Mother's Maiden Name* | Kate Smith |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Uhl |
| *9. Father's Occupation* | Cooper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | M Gardner |
| *Address* | 25 S Durham St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19604

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* July 21 1877

*4. Place of Birth (Street and Number)* 1114 canton ave

*5. Full Name of Mother* lenoery debuefs

*6. Mother's Maiden Name* lenoery ringrose

*7. Mother's Birthplace* baltimore city

*8. Full Name of Father* James debuefs

*9. Father's Occupation* can makes

*10. Father's Birthplace* baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Rachel [illegible]

*Address* 1133 [illegible]

*Remarks*

19605

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Twelfth.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* July 21st 1877

4. *Place of Birth (Street and Number)* No 9 Ettinge St.

5. *Full Name of Mother* Mary Stitcher

6. *Mother's Maiden Name* Mary Long

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* P. H. C. Stitcher

9. *Father's Occupation* Constable

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19606

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourteenth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 21st 1877
4. *Place of Birth (Street and Number)* No 28 Camden St.
5. *Full Name of Mother* Eliza Jane Robinson
6. *Mother's Maiden Name* Eliza Jane Tuttle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John G. Robinson
9. *Father's Occupation* Agent
10. *Father's Birthplace* Cambridge

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winneberger

*Address* 23 N. Liberty St.

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19607

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

BALTIMORE DEPARTMENT JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2tens Kind

1. *Sex (state whether Male or Female)* Madchen
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 21ten Juli
4. *Place of Birth (Street and Number)* No 105 Grember Str.
5. *Full Name of Mother* Rael Rosenstein
6. *Mother's Maiden Name* Rael Wisschnafski
7. *Mother's Birthplace* geboren Russpolen
8. *Full Name of Father* Em Rosenstein
9. *Father's Occupation* Schäter
10. *Father's Birthplace* geboren Russpolen

*Name of Medical Attendant,* or other Person who makes this return Friederike Kaufmann

*Address* No 178 Corner of Dallas und Eastern Av.

*Remarks* Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19608

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Frank Benville Snyder

*No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex (~~state whether~~ Male ~~or Female~~)* [redacted]
2. *Race ~~or Color~~ (if not of the white race)* White
3. *Date of Birth* July 22nd 1877
4. *Place of Birth (Street and Number)* 319 Harford Av.
5. *Full Name of Mother* Catharine Snyder
6. *Mother's Maiden Name* Benville
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* Christian Snyder
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Geo. H. Watson M.D.

*Address* 18 Aisquith St Balt.

*Remarks* GIVEN NAME ADDED. 4-14-53 4.M.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19609

HEALTH DEPARTMENT
AUG
3
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

| | |
|---|---|
| Child of Mother (state whether 1st, 2d, 3d, &c.) | First |
| (state whether Male or Female) | Male |
| ace or Color (if not of the white race) | White |
| ate of Birth | 22 day of July 1877 |
| lace of Birth (Street and Number) | 110 Chappel St Baltimore City |
| ull Name of Mother | Mary E Bowling |
| other's Maiden Name | Mary E Snow |
| other's Birthplace | Baltimore City |
| ull Name of Father | William J Bowling Jr |
| ther's Occupation | Boulder |
| ther's Birthplace | Baltimore City |
| me of Medical Attendant, or other Person who makes this Return. | Hannah E Knowles |
| ddress | 212 Eastern Ave |
| marks | |

19610

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 22 July 1871

*4. Place of Birth (Street and Number)* 81 North Wolfe St Washington St

*5. Full Name of Mother* Wilhelmina Mikom

*6. Mother's Maiden Name* Wilhelmina Nielen

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Joseph Neelien

*9. Father's Occupation* Shoe maker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 11 North Chappel St. for John Kunkel

*Remarks* Healthy

...any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19611

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

JUL 30 1877

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5-[illegible]

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Negro

*3. Date of Birth* Sunday July 22nd

*4. Place of Birth (Street and Number)* 63 Davis St

*5. Full Name of Mother* Lane Castor

*6. Mother's Maiden Name* Lane Johnson

*7. Mother's Birthplace* Annapolis

*8. Full Name of Father* Noah Castor

*9. Father's Occupation* Musician

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. E Geddings Welch M.D.

*Address* 51 N Calvert St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19612

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 22 nd 1877 |
| *4. Place of Birth (Street and Number)* | No 216 Henrietta st |
| *5. Full Name of Mother* | Frederica Giesel |
| *6. Mother's Maiden Name* | Fale |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Fredrich Giesel |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

19613

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. JUL 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 23 rd 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Ramsay st. No 25 |
| *5. Full Name of Mother* | Laura Bruce |
| *6. Mother's Maiden Name* | Laura Garden |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Edward Bruce |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. H. Mitchell |
| *Address* | No. 122 Parkin st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19614

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 one

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth July 22 1877
4. Place of Birth (Street and Number) 22 Stabtan aly
5. Full Name of Mother Silvey hawkin
6. Mother's Maiden Name Silvey travers estern shore MD
7. Mother's Birthplace Queens ann Canty MD
8. Full Name of Father Levie hawkin
9. Father's Occupation Farmer
10. Father's Birthplace anerranel Canty MD

Name of Medical Attendant, or other Person who makes this Return. Challattee ann Warren

Address 252 West Paley et Baltimore

Remarks non none

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19615

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

(4th)

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* July 22nd 1877.

*4. Place of Birth (Street and Number)* No 4 Henrietta.

*5. Full Name of Mother* Mary Drake

*6. Mother's Maiden Name* " D. Nerpier

*7. Mother's Birthplace* Baltimore City Md.

*8. Full Name of Father* Hiel Drake.

*9. Father's Occupation* Blacksmith

*10. Father's Birthplace* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return. S. A. Bell Md.

*Address* 161. So. Sharp St.

*Remarks*

19616

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 22d 1877 |
| *4. Place of Birth (Street and Number)* | 136 W Hoffman St. |
| *5. Full Name of Mother* | Leda Simon |
| *6. Mother's Maiden Name* | Leda Pett |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | J. Grace Simon |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Frederick City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno F. Powell M.D. |
| *Address* | 224 Cathedral Ave. |
| *Remarks* | Child Healthy |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19617

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT
JUL 26 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | mul. |
| *3. Date of Birth* | d. 22 July 1877. |
| *4. Place of Birth (Street and Number)* | Baltimore. Alice-Ann St. |
| *5. Full Name of Mother* | Friedrike Lemmermann. |
| *6. Mother's Maiden Name* | Thiegs. |
| *7. Mother's Birthplace* | Saxony. |
| *8. Full Name of Father* | Friedrich Lemmermann. |
| *9. Father's Occupation* | Laundryman. |
| *10. Father's Birthplace* | Saxony. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anna Simmen. |
| *Address* | Bond St. 263. |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19618

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 26 19
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22 1918
4. *Place of Birth (Street and Number)* 314 E. Monument St.
5. *Full Name of Mother* Rosa Bien
6. *Mother's Maiden Name* R. Miller
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Adam Bien
9. *Father's Occupation* Laar Faber
10. *Father's Birthplace* Germar

*Name of Medical Attendant,* or other Person who makes this Return. M. B. Rudiger

*Address* 634 N. Bond St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19619

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
31
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 22d of July 1877

4. *Place of Birth (Street and Number)* 195 N. Fremont St.

5. *Full Name of Mother* Emma Weber

6. *Mother's Maiden Name* Emma Hildmann

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* August Weber

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. C. L. Hildmann M D

*Address* 120 Saint St. Baltimore

*Remarks*

within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19620

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 1 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 22nd July 1877 |
| *4. Place of Birth (Street and Number)* | 280 Hollins St. |
| *5. Full Name of Mother* | Alice B. Shannon |
| *6. Mother's Maiden Name* | Booth |
| *7. Mother's Birthplace* | Connecticut |
| *8. Full Name of Father* | David R. Shannon |
| *9. Father's Occupation* | Wholesale Junk dealer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | John Hood M.D. |
| *Address* | 274 Hollins St. |
| *Remarks* | Fine, healthy baby. |

*advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

19621

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Forth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Light brown skin
3. *Date of Birth* July 22d 1877
4. *Place of Birth (Street and Number)* Jordan Alley
5. *Full Name of Mother* Jane Lewis
6. *Mother's Maiden Name* "
7. *Mother's Birthplace*
8. *Full Name of Father* John Lewis
9. *Father's Occupation* Driver of a coal cart
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Amelia Johnson

*Address* No. 6 Hamilton St.

*Remarks* Sickness in Amelia Johnson family is the why so late.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19622

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 26 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 22. 1877
4. *Place of Birth (Street and Number)* 3 Bank St. No. 63.
5. *Full Name of Mother* Anna E. Cliff
6. *Mother's Maiden Name* Anna E. Lewis
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John. F. Cliff
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this return* Mary E. Mullen

*Address* N. Dallas St. No 26.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over 19623

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** July 24th

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

Name: John M Smith

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 22nd 1877

*4. Place of Birth (Street and Number)* 128 Wolfe St

*5. Full Name of Mother* Caroline Smith

*6. Mother's Maiden Name* Caroline Wedel

*7. Mother's Birthplace* America

*8. Full Name of Father* Chris Smith

*9. Father's Occupation* Crackers Baker

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Amend

*Address* No 137 Wolfe St

*Remarks* —

# RETURN OF A BIRTH.

19624

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 22nd '77
4. *Place of Birth (Street and Number)* 144 S. Bond St
5. *Full Name of Mother* Mary S Joynes
6. *Mother's Maiden Name* " Livingston
7. *Mother's Birthplace* Balt
8. *Full Name of Father* David T. Joynes
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Washington Del

*Name of Medical Attendant,* or other Person who makes this return John Morris M D

*Address* 5 Franklin St

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19625

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 22 – 1877

*4. Place of Birth (Street and Number)* No 420 Lexington St

*5. Full Name of Mother* Alice Ann Smith

*6. Mother's Maiden Name* Valentine

*7. Mother's Birthplace* "Baltimore Md

*8. Full Name of Father* Thomas S Smith

*9. Father's Occupation* Car Conductor

*10. Father's Birthplace* Philadelphia Pa

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* 87 Mulberry St

*Remarks*

# RETURN OF A BIRTH.

19626

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 29 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 27th 1877 |
| *4. Place of Birth (Street and Number)* | 114 Fort St |
| *5. Full Name of Mother* | Kate Quinn |
| *6. Mother's Maiden Name* | Kate Carson |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | John Burns |
| *9. Father's Occupation* | Sailmaker |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19627

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

JUL 23 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 16th 1877
4. *Place of Birth (Street and Number)* 22 Concord Str
5. *Full Name of Mother* Catharine Mahon
6. *Mother's Maiden Name* Catharine Ta[illegible]
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Mahon
9. *Father's Occupation* Labarer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this return Sarah Cashey

*Address* 526 Lombard St

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19628

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 22d 1877.
4. *Place of Birth (Street and Number)* No. 372. E. Chase St.
5. *Full Name of Mother* Louisa Hildebrand.
6. *Mother's Maiden Name* Louisa Schauermann.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Hildebrand.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

19629

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP
3
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 22d 1877. |
| *4. Place of Birth (Street and Number)* | No. 298 Central Ave. |
| *5. Full Name of Mother* | Maria Anna Heilman. |
| *6. Mother's Maiden Name* | Maria Anna Emil. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Friedrich Heilman. |
| *9. Father's Occupation* | Tailor. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dena E. Hillegeist. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~16930~~

19630

AUG 27 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 23th of July 1877 |
| *4. Place of Birth (Street and Number)* | Cooksey Street No 213 Locust Point |
| *5. Full Name of Mother* | Martha A Ozmon |
| *6. Mother's Maiden Name* | Martha A Taylor |
| *7. Mother's Birthplace* | Harford County Md. |
| *8. Full Name of Father* | William H Ozmon |
| *9. Father's Occupation* | Watchman |
| *10. Father's Birthplace* | Harford County Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Heatel |
| *Address* | 213 Cooksey Street Locust Point Baltimore |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19631

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2nd. |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 23rd July '77 |
| 4. Place of Birth (Street and Number) | 27 South Chester st |
| 5. Full Name of Mother | Sallie Barnes |
| 6. Mother's Maiden Name | Sallie Morrell |
| 7. Mother's Birthplace | Balt. City |
| 8. Full Name of Father | Edmund Barnes |
| 9. Father's Occupation | Printer |
| 10. Father's Birthplace | Balt. City |
| Name of Medical Attendant, or other Person who makes this Return. | John F. Mournonie M.D. |
| Address | |
| Remarks | S.W. Calvert & Lead W. |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19632

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 July
4. *Place of Birth (Street and Number)* 26 Lumbart Hat
5. *Full Name of Mother* Mary Gronewald
6. *Mother's Maiden Name* Schwitzer
7. *Mother's Birthplace* Garmany
8. *Full Name of Father* Wilhelm Gronewald
9. *Father's Occupation* Tavern
10. *Father's Birthplace* Garmany

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* 1070 Crawly St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19633

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 23rd 1877
4. *Place of Birth (Street and Number)* 65 Druid Hill ave
5. *Full Name of Mother* May Aidt
6. *Mother's Maiden Name* Nau
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Louis Aidt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anne Moserzehl

*Address* 220 Preston st

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

196311

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 23d 12½ o'clock P.M. |
| *4. Place of Birth (Street and Number)* | 148 Mt Royal Avenue |
| *5. Full Name of Mother* | Mary Ann Glocker |
| *6. Mother's Maiden Name* | Mary A. Kirby |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | Theodore Wm. Glocker |
| *9. Father's Occupation* | Physician |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore W. Glocker M.D |
| *Address* | No. 148 Mt Royal Avenue |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19635

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 28 1917
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 July
4. *Place of Birth (Street and Number)* 37 Penn Street
5. *Full Name of Mother* Magie Klimens
6. *Mother's Maiden Name* Smit
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Smit
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* 1628 Stret 245.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19636

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* this are the Fifth

*1. Sex (state whether Male or Female)* it are a male

*2. Race or Color (if not of the white race)* Color

*3. Date of Birth* made Birth July the 23th 1874

*4. Place of Birth (Street and Number)* Chapel St No 128

*5. Full Name of Mother* Roth Darkens

*6. Mother's Maiden Name* Rothy Jansen

*7. Mother's Birthplace* ~~Cast~~ Caston Shore Md

*8. Full Name of Father* James Darkens

*9. Father's Occupation* Laber

*10. Father's Birthplace* Caston Shore

*Name of Medical Attendant,* or other Person who makes this Return. Mr Mary Barber

*Address* Mary Barbers address 51 Jeffison St

*Remarks* Near Eden St

not any thing Siad

ty of Baltimore, shall report to the registrar aforesaid, o date of birth, sex, and color of the child or children till born or not, the full name, nativity, and residence other of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19637

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 23rd 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Carey st No. 144 |
| *5. Full Name of Mother* | Mary Commans |
| *6. Mother's Maiden Name* | Mary Swin |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | John Commans |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. C. Mantell |
| *Address* | No. 122 Parker st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19638

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1897 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 23rd |
| *4. Place of Birth (Street and Number)* | 61 Harrison St |
| *5. Full Name of Mother* | Ester Levy |
| *6. Mother's Maiden Name* | Ester Horewitz |
| *7. Mother's Birthplace* | Polen |
| *8. Full Name of Father* | Simon Levy |
| *9. Father's Occupation* | Store Keeper |
| *10. Father's Birthplace* | Polen |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Rice Hebamme |
| *Address* | |
| *Remarks* | No. 26. N. Friedrichstreet |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19639

JUL 26 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6. |
| *1. Sex (state whether Male or Female)* | Weiblich. |
| *2. Race or Color (if not of the white race)* | weiß. |
| *3. Date of Birth* | d. 23 Juli 1877. |
| *4. Place of Birth (Street and Number)* | Baltimore. Shakespeare St. No. 8. |
| *5. Full Name of Mother* | Henriette Kessel. |
| *6. Mother's Maiden Name* | Hoffmann. |
| *7. Mother's Birthplace* | Preußen. |
| *8. Full Name of Father* | August Kessel. |
| *9. Father's Occupation* | Bäckermeister |
| *10. Father's Birthplace* | Preußen. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anna Rimmen. |
| *Address* | Bond St. 203. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19640

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Not |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 23 d. 1877 |
| *4. Place of Birth (Street and Number)* | 9 S. Bethel Alley |
| *5. Full Name of Mother* | Martha Ann Reed |
| *6. Mother's Maiden Name* | Martha Ann Ellis |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Payne Reed |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Georges Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | G. Lawson Wilkins M.D. |
| *Address* | 2 Broadway |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19641

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | M. |
| *2. Race or Color (if not of the white race)* | W. |
| *3. Date of Birth* | July 23rd 77. |
| *4. Place of Birth (Street and Number)* | 265 N. Central av. |
| *5. Full Name of Mother* | Olivia |
| *6. Mother's Maiden Name* | W. Thomas |
| *7. Mother's Birthplace* | City. |
| *8. Full Name of Father* | Hardy Kirby |
| *9. Father's Occupation* | Carpenter. |
| *10. Father's Birthplace* | City. |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. T. Reynolds M.D. |
| *Address* | 186 Aisquith St. |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19642

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 23d 1877 |
| *4. Place of Birth (Street and Number)* | 446 E. Fayette St. |
| *5. Full Name of Mother* | Annie Elizabeth Patterson |
| *6. Mother's Maiden Name* | " " Lawson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | William Francis Patterson |
| *9. Father's Occupation* | Ship Joiner |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | E. F. Sims M.D. |
| *Address* | 406 E. Balto, St |
| *Remarks* | |

# RETURN OF A BIRTH.

19643

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP
3
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 23d 1877.
4. *Place of Birth (Street and Number)* No. 265. Edger St.
5. *Full Name of Mother* Margaretha Holl.
6. *Mother's Maiden Name* Margaretha Herzing.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Holl.
9. *Father's Occupation* Mattress maker.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dana & Hillegist.

*Address* No. 182. E. Monument St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19644

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 6 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 23rd 1877.
4. *Place of Birth (Street and Number)* No. 261. Eager St.
5. *Full Name of Mother* Barbara Nigl.
6. *Mother's Maiden Name* Barbara Engelhardt.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Andrew Nigl.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

19645

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) | 4th |
| *1. Sex* (*state whether Male or Female*) | female |
| *2. Race or Color* (*if not of the white race*) | white |
| *3. Date of Birth* | July 24th 1877 |
| *4. Place of Birth* (*Street and Number*) | 192 Pearl St. |
| *5. Full Name of Mother* | Jenny Mahoney |
| *6. Mother's Maiden Name* | D. Senesors |
| *7. Mother's Birthplace* | French |
| *8. Full Name of Father* | Ed. C. Mahoney |
| *9. Father's Occupation* | liquor dealer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Worrall |
| *Address* | 36 Pearl Street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19646

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 04th 1877
4. *Place of Birth (Street and Number)* No 362 E Monument St
5. *Full Name of Mother* Mary Shaum
6. *Mother's Maiden Name* " Englehart
7. *Mother's Birthplace* City
8. *Full Name of Father* Louis A Shaum
9. *Father's Occupation* Agent
10. *Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buschmann.

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19647

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 26 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 24th 1877 |
| *4. Place of Birth (Street and Number)* | Mount St (rear Lexington St- |
| *5. Full Name of Mother* | Anne Dorter |
| *6. Mother's Maiden Name* | Anne McCaffry |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | George W. Dorter |
| *9 Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | L. S Sparrow M. D. |
| *Address* | Patterson Avenue No. 95- |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19648.

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* on 24 of July, notified [illegible]

*1. Sex (state whether Male or Female)* girl child

*2. Race or Color (if not of the white race)* colored

*3. Date of Birth* 24 of July

*4. Place of Birth (Street and Number)* Chest nut Street No 19 Baltimore Md

*5. Full Name of Mother* Annie Baine.

*6. Mother's Maiden Name* Annie Thomas.

*7. Mother's Birthplace*

*8. Full Name of Father* the father name cant tell they were [illegible] married

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Caroline White

*Address*

*Remarks*

19649

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Tenth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 24th 1877 |
| *4. Place of Birth (Street and Number)* | 232 Pierce St |
| *5. Full Name of Mother* | Agnes Harkness |
| *6. Mother's Maiden Name* | Mc Coy |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Thomas Harkness |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Balto. City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis M. Knight M.D |
| *Address* | 112 N. Greene |
| *Remarks* | |

*dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

19650

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 July
4. *Place of Birth (Street and Number)* 171 Spring Street
5. *Full Name of Mother* Margareth Ackerman
6. *Mother's Maiden Name* Kocha
7. *Mother's Birthplace* Garmeny
8. *Full Name of Father* Henry Ackerman
9. *Father's Occupation* None
10. *Father's Birthplace* Garmeny

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No 70 Guenby Street

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19667

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 24 1877 |
| *4. Place of Birth (Street and Number)* | 114 Duncanally |
| *5. Full Name of Mother* | Hanna Wilson |
| *6. Mother's Maiden Name* | Hanna Malone |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Edward Wilson |
| *9. Father's Occupation* | Processor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Ed Fray |
| *Address* | 193 So Chester St |
| *Remarks* | Healthy child |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19652

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 24/77 |
| *4. Place of Birth (Street and Number)* | Elliott st No. 43 |
| *5. Full Name of Mother* | Anny Slate |
| *6. Mother's Maiden Name* | " Salem |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Wm Slate |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | |

320 Allice Anna st.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19653

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 24th/77 |
| *4. Place of Birth (Street and Number)* | Washington st No. 196 |
| *5. Full Name of Mother* | Anny Kranker |
| *6. Mother's Maiden Name* | " Seller |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | John Kranker |
| *9. Father's Occupation* | Stevador |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schulte |
| *Address* | Midwife |
| *Remarks* | 320 Allice Annex A |

# RETURN OF A BIRTH.

19634

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

Name of Child: Caroline Margaret Creutzburg

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1st.

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 24th.

*4. Place of Birth (Street and Number)* 437 Bros'a St.

*5. Full Name of Mother* Caroline (Kreitzburg) Creutzburg

*6. Mother's Maiden Name* Heller

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Geo. Ernst. (Kreitzburg) Creutzburg

*9. Father's Occupation* Porter

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Eutaw St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19655

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 8th Female

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* July 24th

4. *Place of Birth* (Street and Number) ~~Dito~~ 223 Charles St

5. *Full Name of Mother* Anna Marburger

6. *Mother's Maiden Name* Shitz

7. *Mother's Birthplace* Kurhessen

8. *Full Name of Father* Charles Marburger

9. *Father's Occupation* Cabinet maker

10. *Father's Birthplace* Prussia

*Name of Medical Attendant*, or other Person who makes this Return. Mary Koch

*Address* 328 S Eutaw St.

*Remarks*

---

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

19656

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| *1. Sex (state whether Male or Female)* | Femal |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 27 of July |
| *4. Place of Birth (Street and Number)* | No 44 Essex st |
| *5. Full Name of Mother* | Bertha Tresa Hoff |
| *6. Mother's Maiden Name* | Bertha Tresa Foss |
| *7. Mother's Birthplace* | Danzig Preussen |
| *8. Full Name of Father* | Charles Freehrick Foss |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Danzig Brussen |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louisa Wiley |
| *Address* | No 12 Paterson Park avnue |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19657

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE. CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 24 1877
4. *Place of Birth (Street and Number)* No 56 S. Sanders
5. *Full Name of Mother* Frances Welch
6. *Mother's Maiden Name* Lattau
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Welch
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Miss Getzke

*Address* No 56 S. Bond St Balto Md

*Remarks*

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19638

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY:***

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 24th July 1877
4. *Place of Birth* (Street and Number) 159 S. Broadway
5. *Full Name of Mother* Henrietta Levi
6. *Mother's Maiden Name* Henrietta Heiman
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Solomon Levi.
9. *Father's Occupation* Clothier
10. *Father's Birthplace* Huntingdon County Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Dashiell

*Address* 207 S. Broadway.

*Remarks* Healthy

19659

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 25 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5

*1. Sex (state whether Male or ~~Female~~)*

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 24th '77

*4. Place of Birth (Street and Number)* 310 E. Pratt

*5. Full Name of Mother* Agnes Grey

*6. Mother's Maiden Name* O'Brien

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Bar. F Grey

*9. Father's Occupation* Sailmaker

*10. Father's Birthplace* Balt.

*Name of Medical Attendant,* or other Person who makes this Return. Thos Morris MD

*Address* 5 Fawn

*Remarks*

**advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19660

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* th 24 of July 1877

*4. Place of Birth (Street and Number)* [illegible] Street

*5. Full Name of Mother* Martha Jackson

*6. Mother's Maiden Name* Martha Stevens

*7. Mother's Birthplace* Baltimore County

*8. Full Name of Father* Louis Jackson

*9. Father's Occupation* Dealer

*10. Father's Birthplace* Cambridge

*Name of Medical Attendant,* or other Person who makes this Return. Rosa [illegible]

*Address* [illegible] Street

*Remarks* Mother [illegible] [illegible] doing

[illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19661

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24 July |
| *4. Place of Birth (Street and Number)* | 155 Front St |
| *5. Full Name of Mother* | Cecilie Duke |
| *6. Mother's Maiden Name* | Obrian |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Duke |
| *9. Father's Occupation* | Bar Keeper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrisman |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

# RETURN OF A BIRTH.

19662

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 27 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 13th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 24. 1877 |
| *4. Place of Birth (Street and Number)* | 12 N. Spring St. |
| *5. Full Name of Mother* | Mary Lutz |
| *6. Mother's Maiden Name* | Boonefield |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | William Lutz |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charles H. Thomas M.D. |
| *Address* | 85 E. Baltimore St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19663

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 13 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 24th 1877 |
| *4. Place of Birth (Street and Number)* | 102 S. Washington |
| *5. Full Name of Mother* | Angelina Schiaffino |
| *6. Mother's Maiden Name* | " Marrini |
| *7. Mother's Birthplace* | Italy |
| *8. Full Name of Father* | P. Schiaffino |
| *9 Father's Occupation* | Ship Broker |
| *10. Father's Birthplace* | Italy |
| *Name of Medical Attendant,* or other Person who makes this Return. | Geo B Reynolds M.D. |
| *Address* | 43 N. Calvert |
| *Remarks* | |

# RETURN OF A BIRTH.

19664

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 25th 1877 |
| *4. Place of Birth (Street and Number)* | 216 Conway St |
| *5. Full Name of Mother* | Sophia C. Winkleman |
| *6. Mother's Maiden Name* | Sophia C. Lemcke |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Ferd. Winkleman |
| *9. Father's Occupation* | Jeweller |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19665

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* July 25. 1877

*4. Place of Birth (Street and Number)* 2.46 Aisquith st Baltimore

*5. Full Name of Mother* Cale Mabee

*6. Mother's Maiden Name* Lee Baltimore city

*7. Mother's Birthplace* Baltimore city

*8. Full Name of Father* Joseph Mabee

*9. Father's Occupation* School teacher

*10. Father's Birthplace* Howard County

*Name of Medical Attendant,* or other Person who makes this Return. E. G. Mother

*Address* 3.40 Orleans Ave Baltimore

*Remarks* healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19666

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 July
4. *Place of Birth (Street and Number)* 43 Burk St.
5. *Full Name of Mother* Mary Sittey
6. *Mother's Maiden Name* Fastye
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrich Sittey
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Sophia [illegible]

*Address* No 70 Granby Street

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19667

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Wednesday July 25 1877 |
| *4. Place of Birth (Street and Number)* | 489 Aisquith St |
| *5. Full Name of Mother* | Ida Stanley Cridlin |
| *6. Mother's Maiden Name* | Ida Stanley Anderson |
| *7. Mother's Birthplace* | Frederickburg Va |
| *8. Full Name of Father* | Eugene Clifton Cridlin |
| *9. Father's Occupation* | Carriage Trimer |
| *10. Father's Birthplace* | Richmond Va |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Sarah R. Woodden |
| *Address* | 331 Aisquith St |
| *Remarks* | Perfect and in healthy condition |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19668

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 25 1877
4. *Place of Birth (Street and Number)* Baltimore Ransey st No 304
5. *Full Name of Mother* Floraday Liveray
6. *Mother's Maiden Name* Floraday Thilton
7. *Mother's Birthplace* Peters Berg Va
8. *Full Name of Father* James A Thilton
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs S. Fuchsberger

*Address* Mrs Livera No 304 Ransey st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19669

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July the 28 1877
4. Place of Birth (Street and Number) Baltimore Mount st No 149
5. Full Name of Mother Ellen Nite
6. Mother's Maiden Name Ellen Clark
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Nite
9. Father's Occupation Plasterer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Tuburger

Address 214 Ramsey st Baltimore

Remarks Mrs Clark 149 Mont st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19670

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st birth

1. Sex (state whether Male or Female) 2 females
2. Race or Color (if not of the white race) white
3. Date of Birth July 21, 1877
4. Place of Birth (Street and Number) 8th Luzerne St
5. Full Name of Mother mary ~~[illegible]~~ armstrong
6. Mother's Maiden Name mary devin
7. Mother's Birthplace baltimore
8. Full Name of Father James armstrong
9. Father's Occupation painter
10. Father's Birthplace baltimore city

Name of Medical Attendant, or other Person who makes this Return. Rachel A garrett

Address 433 Alice Anna St

Remarks

19671

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* July 25
4. *Place of Birth (Street and Number)* norris alley 11
5. *Full Name of Mother* she is not married
6. *Mother's Maiden Name* indiaania Dixon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* hosia Cold
9. *Father's Occupation* drayman
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Harriett Gilson

*Address* Norris Alley 7

*Remarks* 5 dollars

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Time any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19672

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 25th 1877

*4. Place of Birth (Street and Number)* 115 Register St

*5. Full Name of Mother* Francis New Beck

*6. Mother's Maiden Name* Francis Solomon

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Joseph New Beck

*9. Father's Occupation* Rail Road Company

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. [illegible]

*Address* No. [illegible] Wolfe St

*Remarks* —

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19673

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | 26 of July |
| *4. Place of Birth* (Street and Number) | No 17 Union Alley |
| *5. Full Name of Mother* | Ida Nilson |
| *6. Mother's Maiden Name* | not Married |
| *7. Mother's Birthplace* | Germany Berlin |
| *8. Full Name of Father* | Howard Fry |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | A Shultz |
| *Address* | 174 Orleans St |
| *Remarks* | very small child |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

196711

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPT. JUL 20 1877 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 25th 77 |
| *4. Place of Birth (Street and Number)* | Block at No 72 |
| *5. Full Name of Mother* | Lucy Meyer |
| *6. Mother's Maiden Name* | " Konig |
| *7. Mother's Birthplace* | Baltr |
| *8. Full Name of Father* | James Meyer |
| *9. Father's Occupation* | Ships Carpenter |
| *10. Father's Birthplace* | Baltr |
| *Name of Medical Attendant, or other Person who makes this Return.* | Johanna Schmitt |
| *Address* | Midwife |
| *Remarks* | 320 Allica Anne st |

# RETURN OF A BIRTH.

19675

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 29 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 25/77 |
| *4. Place of Birth (Street and Number)* | No 169 Ann st. |
| *5. Full Name of Mother* | Anny Wein |
| *6. Mother's Maiden Name* | Anny Nicolas |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | James Wein |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schuette |
| *Address* | Midwife |
| *Remarks* | 320 Alice Anna st. |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19676

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 25th 1877 -

*4. Place of Birth (Street and Number)* No. W. Baltimore St.

*5. Full Name of Mother* Eliza Easter Patterson

*6. Mother's Maiden Name* Purcell

*7. Mother's Birthplace* Balto.

*8. Full Name of Father* Wm. H. Patterson

*9 Father's Occupation* Merchant Tailor

*10. Father's Birthplace* Balto.

*Name of Medical Attendant,* or other Person who makes this Return. Wm. W. Murray M.D.

*Address* 10 N. Carey St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19677

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. *Sex* (state whether *Male* or *Female*) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | July 25th 1877 |
| 4. *Place of Birth* (Street and Number) | Belair ave Extended |
| 5. *Full Name of Mother* | Lizzie Margaret Klein |
| 6. *Mother's Maiden Name* | Lizzie Margaret Hilly |
| 7. *Mother's Birthplace* | Bracken Co. Kentucky |
| 8. *Full Name of Father* | John Frederick Klein |
| 9. *Father's Occupation* | Hay and Straw packer |
| 10. *Father's Birthplace* | Baltimore Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Sonnefield |
| *Address* | No 28 Pennsylvania ave |
| *Remarks* | |

# RETURN OF A BIRTH.

19678

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 25th |
| *4. Place of Birth (Street and Number)* | Dorsey Alley 92 |
| *5. Full Name of Mother* | Catharina Reiter |
| *6. Mother's Maiden Name* | Disher |
| *7. Mother's Birthplace* | Kurhessen |
| *8. Full Name of Father* | Fred. Reider |
| *9. Father's Occupation* | Shoe-maker |
| *10. Father's Birthplace* | Waldeck. G. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Kroh |
| *Address* | 328 S Eden St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19679

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 25th 1877

*4. Place of Birth (Street and Number)* N 244 Saratoga St

*5. Full Name of Mother* Catherine Dunlap

*6. Mother's Maiden Name* Catherine Thompson

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Amasa H. Dunlap

*9. Father's Occupation* Speculator

*10. Father's Birthplace* Norwich Connecticut

*Name of Medical Attendant,* or other Person who makes this Return. F E Chatard M.D.

*Address* N 114 Park ave.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19680

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* in Baltimore

1. *Sex (state whether Male or Female)* in Baltimore
2. *Race or Color (if not of the white race)* [illegible] White race
3. *Date of Birth* 29 Mar 1877
4. *Place of Birth (Street and Number)* in Baltimore Madison St No 281
5. *Full Name of Mother* Babry Borf
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* Joseph [illegible]
9. *Father's Occupation* [illegible] maker
10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* [illegible]

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19681

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 25th 1877. |
| *4. Place of Birth (Street and Number)* | 9. Waeshe Street |
| *5. Full Name of Mother* | Catarina Jung |
| *6. Mother's Maiden Name* | Ch. Kindervater |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Charles Jung |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19682

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

| | |
|---|---|
| Child of Mother (state whether 1st, 2d, 3d, &c.) | 1 |
| (state whether Male or Female) | Male |
| ce or Color (if not of the white race) | Colored |
| te of Birth | July 25 1877 |
| ce of Birth (Street and Number) | Duncan Alley Bet Bull & Lombard No 2 |
| l Name of Mother | Alice D Hooper |
| her's Maiden Name | Alice D Hughes |
| her's Birthplace | Washington D C |
| l Name of Father | George E Hooper |
| her's Occupation | Laborer |
| her's Birthplace | Baltimore Md |
| e of Medical Attendant, or other Person who makes this Return. | Charlotte Elnell |
| '88 | |
| rks | |

# RETURN OF A BIRTH.

19683

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 26 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 25 |
| *4. Place of Birth (Street and Number)* | 331 Light St |
| *5. Full Name of Mother* | L E Caffield |
| *6. Mother's Maiden Name* | A F mackenady |
| *7. Mother's Birthplace* | accomac Co Va |
| *8. Full Name of Father* | C F Caffield |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | anne arundle Co Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs ann Nash |
| *Address* | |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

19684

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 26 1897 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Children |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 25 of July |
| *4. Place of Birth (Street and Number)* | Lytenhall St No. 152 |
| *5. Full Name of Mother* | Kate Foley |
| *6. Mother's Maiden Name* | Kate Hallagher |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Michel Foley |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

Thus any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19685

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | the 2. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | the 25 of July |
| *4. Place of Birth (Street and Number)* | No 284 Aisquith St |
| *5. Full Name of Mother* | Catrina, |
| *6. Mother's Maiden Name* | Catrina Blutgam. |
| *7. Mother's Birthplace* | Baltemore, |
| *8. Full Name of Father* | Johne Blutgam. |
| *9. Father's Occupation* | Hag Driver |
| *10. Father's Birthplace* | Baltemore. |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | Mrs Lauer. |
| *Remarks* | No 175 Kayser ave |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19686

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26th 1877
4. *Place of Birth (Street and Number)* 60 S. Broadway
5. *Full Name of Mother* Lina Bromwell
6. *Mother's Maiden Name* " Heiner
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wm Geo. Bromwell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* 86 S. Fayette St.

*Remarks* Natural Saldo

# RETURN OF A BIRTH.

19687

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | 2 nd child |
| *1. Sex* (*state whether Male or Female*) | male |
| *2. Race or Color* (*if not of the white race*) | colored |
| *3. Date of Birth* | July 20 |
| *4. Place of Birth* (*Street and Number*) | no 4 Stockholm st |
| *5. Full Name of Mother* | Fanney Burkley |
| *6. Mother's Maiden Name* | Fanney cornish |
| *7. Mother's Birthplace* | dorchester county |
| *8. Full Name of Father* | Jacob burkley |
| *9. Father's Occupation* | laborer |
| *10. Father's Birthplace* | dorchester county |
| *Name of Medical Attendant,* or other Person who makes this Return. | mrs Lydia Porter |
| *Address* | no 4. Capt st Cove |
| *Remarks* | delicate child |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19688

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | one |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | Collord |
| 3. *Date of Birth* | 6th July |
| 4. *Place of Birth* (Street and Number) | 23 Dover St |
| 5. *Full Name of Mother* | Luisa Baker |
| 6. *Mother's Maiden Name* | Luisa Dutton |
| 7. *Mother's Birthplace* | West river |
| 8. *Full Name of Father* | Joseph Baker |
| 9. *Father's Occupation* | Water |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Nancy Williams |
| *Address* | 210 Dover St |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

19689

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 26
4. Place of Birth (Street and Number) West Pratt St. No 558
5. Full Name of Mother Kningunde Hoyf
6. Mother's Maiden Name Kningunde Walther
7. Mother's Birthplace Germany
8. Full Name of Father Christian Walther
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address 439 (4) Lewett, pl.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19690

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14th

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* 26 July 1877

*4. Place of Birth (Street and Number)* 298 Johnson street

*5. Full Name of Mother* Elizabett Burkhent

*6. Mother's Maiden Name* Elizabett Rumsam

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Adam Burkhent

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs D Brune

*Address* 114 Battery Avenue. S. Balto.

*Remarks* M. d.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19691

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Called
3. Date of Birth Th 26 July 1877
4. Place of Birth (Street and Number) No 1 Waston alley
5. Full Name of Mother Henrietta Bank
6. Mother's Maiden Name Henrietta Camphor
7. Mother's Birthplace Harcester County Maylan
8. Full Name of Father John Bank
9. Father's Occupation Labor
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Rosetta

Address Ster. William No 70 Chem

Remarks Mother and Child doing

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19692

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Children

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 26th of July 1877

*4. Place of Birth (Street and Number)* 415 North Alexander St

*5. Full Name of Mother* Maggie Katins

*6. Mother's Maiden Name* Maggie N Ragen

*7. Mother's Birthplace* Ile Baltimore

*8. Full Name of Father* Mick Ragen

*9. Father's Occupation* Saloon man

*10. Father's Birthplace* Irland

*Name of Medical Attendant,* or other Person who makes this Return. Clementia Kunkel

*Address* 71 North Chappel St for John Kunkel

*Remarks* Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1769

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 26th 77 |
| *4. Place of Birth (Street and Number)* | No Number 2nd Ave Highlandtown Balto |
| *5. Full Name of Mother* | Julia A Blattau |
| *6. Mother's Maiden Name* | Julia A Pickelmann |
| *7. Mother's Birthplace* | Wellsburg Brooke Co W. Va |
| *8. Full Name of Father* | John A Blattau |
| *9. Father's Occupation* | Manager Local Telegraph Co of Balto |
| *10. Father's Birthplace* | Balto Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | John A Blattau, Local Tel Co cor South & German Sts Balto |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

196911

JUL 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 26th 1877
4. *Place of Birth (Street and Number)* 7 Cook St Balto Md
5. *Full Name of Mother* Amelia Eisel
6. *Mother's Maiden Name* Wolfort
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Eisel
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Muenzel

*Address* 220 Porter St Bal

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19695

HEALTH DEPARTMENT JUL 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 26th 1877
4. *Place of Birth (Street and Number)* 16 Liberty St
5. *Full Name of Mother* Anne Fisher
6. *Mother's Maiden Name* Senger
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Zachariah Fisher
9. *Father's Occupation* Cook
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Anne Mesenzehl

*Address* 220 Preston St

*Remarks*

# RETURN OF A BIRTH.

19696

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* July 26
4. *Place of Birth* (Street and Number) Eden Dr Court 11
5. *Full Name of Mother* Margeret Carroll
6. *Mother's Maiden Name* Margeret Johnson
7. *Mother's Birthplace* Clemmens Run Balto Co Md
8. *Full Name of Father* Jesse Carroll
9. *Father's Occupation* Coal Cart Driver
10. *Father's Birthplace* Anne Arundel Co Md

*Name of Medical Attendant*, or other Person who makes this Return. E Geo Walls M D

*Address* 129 E Monument St

*Remarks* Breech presentation much trouble, child asphyxiated,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ~~within six days thereafter~~, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19697

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 9 the |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | july 26 |
| *4. Place of Birth (Street and Number)* | fathern oday York st 92 |
| *5. Full Name of Mother* | |
| *6. Mother's Maiden Name* | fathern |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | mikle oday |
| *9. Father's Occupation* | labor |
| *10. Father's Birthplace* | ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | elizebeth scarbrough |
| *Address* | 236 mongomery st |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19698

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Light Brown skin

*3. Date of Birth* July 26th

*4. Place of Birth (Street and Number)* 67 Aulikin st

*5. Full Name of Mother* Rachel Harman

*6. Mother's Maiden Name* Miss Harman

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Charles White

*9. Father's Occupation* undertaker

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant, or other Person who makes this Return.* Alice A Chaplin

*Address* No 5 South Dallas st

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19699

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 28 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 26 1877 |
| *4. Place of Birth (Street and Number)* | N Bond nea Gay |
| *5. Full Name of Mother* | Mally ~~F.~~ E Thorton |
| *6. Mother's Maiden Name* | " " Jordon |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | T. F Whordon |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Borden |
| *Address* | N Bond St above John |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19700

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

BOARD OF HEALTH
JUL 28 1897
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* July 26th 97.

4. *Place of Birth* (Street and Number) No 11. Payson St.

5. *Full Name of Mother* Ida Kelley.

6. *Mother's Maiden Name* "

7. *Mother's Birthplace* Carolina Pa.

8. *Full Name of Father* Hamilton ~~Kelley~~ Robert Bruce

9. *Father's Occupation* ~~Farmer~~ Farmer.

10. *Father's Birthplace* Newport, Kentucky.

*Name of Medical Attendant,* or other Person who makes this Return. G. Warlitz. M.D.

*Address* 199. Fred. Ave.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19701

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** July 31st 1871

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 25th 1871

*4. Place of Birth (Street and Number)* 7 Castle St

*5. Full Name of Mother* H. Krebs

*6. Mother's Maiden Name* H. Rupert

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Jacob Krebs

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. Amend

*Address* No. 137. Wolfe St.

*Remarks* —

# RETURN OF A BIRTH. 19702

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~1~~ 3rd

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26/77
4. *Place of Birth (Street and Number)* No 540 Hanover St.
5. *Full Name of Mother* Susanna Leisure
6. *Mother's Maiden Name* " Spurrier
7. *Mother's Birthplace* Fred^k Co Md
8. *Full Name of Father* Wm Leisure
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Fred^k Co Md

*Name of Medical Attendant,* or other Person who makes this Return. H. L. Spicer Md

*Address* 379 W. Lombard St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19703

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 26/77 |
| *4. Place of Birth (Street and Number)* | Alice Anna St No 329 |
| *5. Full Name of Mother* | Emilia Kennebrog. |
| *6. Mother's Maiden Name* | " Brockenbrough |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Edward Kennebrog |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant, or other Person who makes this Return.* | Johanna Schuette |
| *Address* | Midwife |
| *Remarks* | 320 Alice Anna St |

19704

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 26th/77 |
| *4. Place of Birth (Street and Number)* | Gough st No. 56 |
| *5. Full Name of Mother* | Caroline Korber |
| *6. Mother's Maiden Name* | Stande |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Fred. Korber |
| *9. Father's Occupation* | Dyer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Rudolph |
| *Remarks* | 320 Allia Anna st |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19765

HEALTH DEPARTMENT JUL 26 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother,* (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~) 1

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* July 26th 1877
4. *Place of Birth (Street and Number)* 408 N. Schroeder St.
5. *Full Name of Mother* Maggie A. Garrett.
6. *Mother's Maiden Name* Maggie A. Flaxcomb.
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William J. Garrett.
9. *Father's Occupation* Conductor.
10. *Father's Birthplace* Balto County

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Brazer M.D.

*Address* " "

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19706

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 26th July

*4. Place of Birth (Street and Number)* Binney St

*5. Full Name of Mother* Susan Green

*6. Mother's Maiden Name* Susan Buckey

*7. Mother's Birthplace* Frederick Co

*8. Full Name of Father* John W Green

*9. Father's Occupation* Engineer Md

*10. Father's Birthplace* Cumberland Alleghany Co

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah Sullens

*Address* 104 Courtley St Canton

*Remarks*

19707

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26 1877
4. *Place of Birth (Street and Number)* 88 Cough Str.
5. *Full Name of Mother* Willin Grayle
6. *Mother's Maiden Name* Willin Schessner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harry Grayle
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M Lederer

*Address* 25 S Durham Str

*Remarks*

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19708

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26
4. *Place of Birth (Street and Number)* 289 Eastern Av
5. *Full Name of Mother* Mary Appel
6. *Mother's Maiden Name* Mary Hammel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Appel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M Lederer

*Address*

*Remarks* 25 S Durham St

Past any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19709

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 26th 1877. |
| *4. Place of Birth (Street and Number)* | 163 Montgomery St. |
| *5. Full Name of Mother* | Elizabeth Snook |
| *6. Mother's Maiden Name* | " Fleayes |
| *7. Mother's Birthplace* | Dorchester Co Md |
| *8. Full Name of Father* | George Washington Snook |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore City Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | S. A. Bell M.D. |
| *Address* | 161 Sharp St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19710

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26th 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard St (Maternité)
5. *Full Name of Mother* Mrs. Emma Hodges
6. *Mother's Maiden Name* Emma Cummins
7. *Mother's Birthplace* Md
8. *Full Name of Father* Wm Hodges
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Philadelphia

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Wm Gombel

*Address* 163 W. Lombard St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19711

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 1 1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26th
4. *Place of Birth (Street and Number)* Hughes St
5. *Full Name of Mother* A Linder
6. *Mother's Maiden Name* A Earhardt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Eyler
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No 29 Elizabeth Lane

*Remarks*

---

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19712

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.)*

*1. Sex (state whether ~~Male~~ or Female)*

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* 26th July 1877.

*4. Place of Birth (Street and Number)* 214 S. Broadway

*5. Full Name of Mother* Sarah Blum

*6. Mother's Maiden Name* Sarah Hecht

*7. Mother's Birthplace* Baltimore City Md.

*8. Full Name of Father* Lehman Blum

*9. Father's Occupation* Clothier

*10. Father's Birthplace* Baltimore City Md.

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Dashiell

*Address* 207 S. Broadway.

*Remarks* Israelites

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19713

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 26th 1877
4. *Place of Birth (Street and Number)* No 19 N. Amity St.
5. *Full Name of Mother* Elizabeth Jenison
6. *Mother's Maiden Name* Elizabeth White
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Jenison
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winnebergen

*Address* 23 N. Liberty St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

197111

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 16th 1877. |
| *4. Place of Birth (Street and Number)* | No 280 E. Fayette St. |
| *5. Full Name of Mother* | Angela Kaestler. |
| *6. Mother's Maiden Name* | Angela Wellinger. |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Jacob Kaestler. |
| *9. Father's Occupation* | Barber. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Gillespie. |
| *Address* | No. 182 E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19715

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | July 26th 1877. |
| *4. Place of Birth (Street and Number)* | No. 52 N. Gilmor St. |
| *5. Full Name of Mother* | Kate Kennedy. |
| *6. Mother's Maiden Name* | Kate Hart. |
| *7. Mother's Birthplace* | Ireland. |
| *8. Full Name of Father* | Joseph Kennedy. |
| *9. Father's Occupation* | Cellar Digger. |
| *10. Father's Birthplace* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dana Gilbert. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1916

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 23 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 child. 1st. |
| *1. Sex (state whether Male or Female)* | Male child. |
| *2. Race or Color (if not of the white race)* | Black |
| *3. Date of Birth* | 27 July. 1877. |
| *4. Place of Birth (Street and Number)* | Baltimore Md Hill St. No 40 |
| *5. Full Name of Mother* | Annie Sample. |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | John Sample. |
| *9. Father's Occupation* | Laborer. |
| *10. Father's Birthplace* | Accomac County Va. |
| *Name of Medical Attendant, or other Person who makes this Return* | Elisabeth Scarbrough. |
| *Address* | 236 Montgomery St. |
| *Remarks* | This Child died with the Hisentary. |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19717

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 27th 1877. |
| *4. Place of Birth (Street and Number)* | Mulberry St. near Eastwark |
| *5. Full Name of Mother* | Julia Hemmig |
| *6. Mother's Maiden Name* | L. Diemyer |
| *7. Mother's Birthplace* | Hanover Germany |
| *8. Full Name of Father* | Wm. Hemmig |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Bavarian |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 East St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1918

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
3
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 27th 1877. |
| *4. Place of Birth (Street and Number)* | 137 Stirling St |
| *5. Full Name of Mother* | Henrietta Elbert |
| *6. Mother's Maiden Name* | H. Shafer |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Alex. Elbert |
| *9. Father's Occupation* | Waterright |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenner |
| *Address* | 56 Park St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19719

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 6 me number

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* July 27
4. *Place of Birth* (*Street and Number*) 148 Raborg Street
5. *Full Name of Mother* Elibeth Brook
6. *Mother's Maiden Name* — Cornish
7. *Mother's Birthplace* Dochester Conty
8. *Full Name of Father* Gorge Brook
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Eliza Cornish

*Address* no 9 Little Pine st

*Remarks*

# RETURN OF A BIRTH.

19720

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Th 27 July 1877 |
| *4. Place of Birth (Street and Number)* | No 8 Laggors Court |
| *5. Full Name of Mother* | Carlina Gibson |
| *6. Mother's Maiden Name* | Carlina Bond |
| *7. Mother's Birthplace* | Baltim County |
| *8. Full Name of Father* | John Gibson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Pastopsco Nec |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rose Wilson |
| *Address* | No 70 Stewart |
| *Remarks* | [illegible] |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19721

BOARD OF HEALTH JUL 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) black
3. *Date of Birth* 27th - July
4. *Place of Birth* (Street and Number) No 6 Wagonaly
5. *Full Name of Mother* Martha Brown
6. *Mother's Maiden Name* Martha Turner
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Augustis Brown
9. *Father's Occupation* Hod Carier
10. *Father's Birthplace* Eastern Shore

*Name of Medical Attendant,* or other Person who makes this Return. Lydia Somerville

*Address* Clinton avenue

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19722

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 6te

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jul. 27. 1877
4. *Place of Birth (Street and Number)* South Bettelstr No 52
5. *Full Name of Mother* Katharina Tecker
6. *Mother's Maiden Name* Katharina Ostheimer
7. *Mother's Birthplace* Osten Beiern
8. *Full Name of Father* Julius Tecker
9. *Father's Occupation* Lebemann
10. *Father's Birthplace* Wittenberg in Beiern

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Baupach

*Address* South Wolfstr No 28

*Remarks* Midwife

19723

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 July
4. *Place of Birth (Street and Number)* No 55 Vellen street
5. *Full Name of Mother* Hyanna Thines
6. *Mother's Maiden Name* Hanna Torohe
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Thines
9. *Father's Occupation* Labor
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Flemming

*Address* No 97 Albemarle St

*Remarks* healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19724

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUL 28 1917 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | colard |
| *3. Date of Birth* | 27 july |
| *4. Place of Birth (Street and Number)* | hill st 5-1 |
| *5. Full Name of Mother* | anne sample |
| *6. Mother's Maiden Name* | anne jones |
| *7. Mother's Birthplace* | baltimore |
| *8. Full Name of Father* | john sample |
| *9. Father's Occupation* | labor |
| *10. Father's Birthplace* | baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | elizabeth scarbrough |
| *Address* | 236 montgomery st |
| *Remarks* | none |

19725

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (~~state whether Male or~~ Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 27/77 |
| *4. Place of Birth (Street and Number)* | Cambridge st 45 |
| *5. Full Name of Mother* | Barbara Erman |
| *6. Mother's Maiden Name* | Trauter |
| *7. Mother's Birthplace* | Germ |
| *8. Full Name of Father* | Conrad Erman |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germ |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | Midwife |
| *Remarks* | 320 Alice Annant |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19726

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 27th /77 |
| *4. Place of Birth (Street and Number)* | Rose St No. 41 |
| *5. Full Name of Mother* | Elizabeth Lambdin |
| *6. Mother's Maiden Name* | Whisky |
| *7. Mother's Birthplace* | Bato |
| *8. Full Name of Father* | James Lambdin |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Bato |
| *Name of Medical Attendant,* or other Person who makes this Return. | Johanna Schutte |
| *Address* | 320 Allice Anna St. |
| *Remarks* | Midwife |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19727

HEALTH DEPARTMENT
JUL
31
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 27 July |
| *4. Place of Birth (Street and Number)* | 60 Harford Ave |
| *5. Full Name of Mother* | Ellen Hanigan |
| *6. Mother's Maiden Name* | Taylor |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James Wesley Hanigan |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Urmela J Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19728

*To the Office of Registrar of Vital Statistics, Board of Health.*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
31
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 25 July |
| *4. Place of Birth (Street and Number)* | 123 Gilsting St |
| *5. Full Name of Mother* | Elizabeth Robertson |
| *6. Mother's Maiden Name* | Dent |
| *7. Mother's Birthplace* | Laborer |
| *8. Full Name of Father* | Robertson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Warren D Chrissmer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

# RETURN OF A BIRTH.

19729

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 27th 1877
4. Place of Birth (Street and Number) 102 Green Mt Avenue
5. Full Name of Mother Malvina Curry
6. Mother's Maiden Name " Slaysman
7. Mother's Birthplace Baltimore
8. Full Name of Father John H. Curry
9. Father's Occupation Car Driver
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19730

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27th July 1877
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* Margaret Kenney
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this return [illegible]

*Address* [illegible]

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19731

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 2nd. 1877
4. *Place of Birth (Street and Number)* Hampstead St. No. 29
5. *Full Name of Mother* Kathe Dillon
6. *Mother's Maiden Name* Kathe. Bokle.
7. *Mother's Birthplace* Mouth Washington. Balt. County
8. *Full Name of Father* Thomas Dillon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore. City

*Name of Medical Attendant, or other Person who makes this return* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19732

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) The 11th Cld

1. Sex (state whether Male or Female) Female Child
2. Race or Color (if not of the white race) Of the Colored Race
3. Date of Birth Born July the 27th
4. Place of Birth (Street and Number) 167 York Street
5. Full Name of Mother Harriet A. Maddox
6. Mother's Maiden Name Harriet A. Bailey
7. Mother's Birthplace Baltimore City
8. Full Name of Father Robert H. Maddox
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nelly Gross

Address 181 York Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19733

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)* 2d

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 27/77
4. *Place of Birth (Street and Number)* 465 W. Lexington St
5. *Full Name of Mother* Louisa F. Piquette
6. *Mother's Maiden Name* Louisa F. Lipp
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* Jno. P. Piquette
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. H. L. Spear M.D.

*Address* 37 W. Lombard St.

*Remarks*

# RETURN OF A BIRTH.

19731

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 21 1877 |
| *4. Place of Birth (Street and Number)* | corner of Sharp & Hamburg |
| *5. Full Name of Mother* | Eliza Omnen |
| *6. Mother's Maiden Name* | " " Bölter |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John F Omnen |
| *9. Father's Occupation* | apothecary |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 764 Leadenhall Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19735

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. AUG 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth (5th) |
| *1. Sex (state whether ~~Male~~ or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 27th 1877 |
| *4. Place of Birth (Street and Number)* | No. 713 N. Broadway |
| *5. Full Name of Mother* | Mrs. Mary A. Delcher |
| *6. Mother's Maiden Name* | Miss Mary A. Yarnuth |
| *7. Mother's Birthplace* | Baltimore, Md. |
| *8. Full Name of Father* | Mr. Thomas Denton Delcher |
| *9. Father's Occupation* | Produce dealer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm H. Clendinen |
| *Address* | No. 102 North Broadway |
| *Remarks* | |

# RETURN OF A BIRTH.

19736

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
18
1877
BALTIMORE

Name of Child: William W. Ward

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 2nd.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 28th 1877 4 50 A. M.
4. *Place of Birth* (Street and Number) 30 N. Ann Cor. E. Lg. Avenue
5. *Full Name of Mother* Ella Ward
6. *Mother's Maiden Name* Ella Houston
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Richard Jules Ward
9. *Father's Occupation* Printer
10. *Father's Birthplace* Balto. City

*Name of Medical Attendant*, or other Person who makes this Return. Jamed E. Donnelly M.D.

*Address* 299 E. Baltimore St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19937

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 28th 1877 |
| 4. *Place of Birth (Street and Number)* | 117 Lancaster St. |
| 5. *Full Name of Mother* | Kate Smith |
| 6. *Mother's Maiden Name* | " Flany |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | George Henry Smith |
| 9. *Father's Occupation* | Ship-Joiner |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | James J. Shane, M.D. |
| *Address* | 68 S. Broadway |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19737 1/2

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Idlin Third give

1. *Sex (state whether Male or Female)* Birth to femail
2. *Race or Color (if not of the white race)* of color
3. *Date of Birth* Julie 28
4. *Place of Birth (Street and Number)* Baltimore No 55 Winter St
5. *Full Name of Mother*
6. *Mother's Maiden Name* Dont now
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William henry Streit
9. *Father's Occupation* Brick yard
10. *Father's Birthplace* Chester town

*Name of Medical Attendant,* or other Person who makes this Return. Angeline Wilson

*Address* 393 Cross St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19738

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Seicond |
| 1. *Sex* (state whether Male or Female) | male |
| 2. *Race or Color* (if not of the white race) | colored |
| 3. *Date of Birth* | 28 of July |
| 4. *Place of Birth* (Street and Number) | 31 hillen Street |
| 5. *Full Name of Mother* | Karline gipson |
| 6. *Mother's Maiden Name* | Karline Skinner |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | got gipson |
| 9. *Father's Occupation* | boys tir shucker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Shaloter nvidson |
| *Address* | 32 forest street |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19 739

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Kinder

*1. Sex (state whether Male or Female)* Knabe

*2. Race or Color (if not of the white race)* Weiß Kind

*3. Date of Birth* den 28 Juli 1877

*4. Place of Birth (Street and Number)* No 384 Penselvanie Avenue

*5. Full Name of Mother* Hanna Wilkens

*6. Mother's Maiden Name* Hanna Leffig

*7. Mother's Birthplace* in Baltimore

*8. Full Name of Father* Heinrich Wilkens

*9. Father's Occupation* Tüsser

*10. Father's Birthplace* in Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Hebamme Theresia Eigeldinger

*Address*

*Remarks* No 14 Junin Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19740

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 28th 1877 |
| *4. Place of Birth (Street and Number)* | No 434 McElderry St |
| *5. Full Name of Mother* | Mary Getzendanner |
| *6. Mother's Maiden Name* | " Clarke |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Thos E Getzendanner |
| *9. Father's Occupation* | Maryland |
| *10. Father's Birthplace* | Bohemian |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Allwell |
| *Address* | 236 N Conkling St |
| *Remarks* | |

19941

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* July 28th 1877

*4. Place of Birth (Street and Number)* No 339 W. Pres

*5. Full Name of Mother* Lucius Rissel

*6. Mother's Maiden Name* " Bishop

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Rissel

*9. Father's Occupation* Bear Brewery

*10. Father's Birthplace* Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Anne Lindner

*Address* No 45 Monroe St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19742

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28 July - 1877
4. Place of Birth (Street and Number) 199 Gough St
5. Full Name of Mother Julia Kirby
6. Mother's Maiden Name Julia Giles
7. Mother's Birthplace Baltimore
8. Full Name of Father M-C Kirby
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs El Fray

Address 193 So Chester St.

Remarks Helthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19743

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1877 BALTIMORE

*No. of Child of Mother,* (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth* July 28" 177.
4. *Place of Birth (Street and Number)* 240 Saratoga St.
5. *Full Name of Mother* Judith Cohen
6. *Mother's Maiden Name* Judith Grinsfelder.
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Ephraim M. Cohen.
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. John J. R. Frozer, M.D.

*Address* " "

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19744

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 31 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 28th 1877 |
| *4. Place of Birth (Street and Number)* | 1 Pratt St # 220 |
| *5. Full Name of Mother* | Josephine Shrieber |
| *6. Mother's Maiden Name* | " Williams |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Michel Shrieber |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. Wellig |
| *Address* | 48 Holland St |
| *Remarks* | |

# RETURN OF A BIRTH.

19745

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 28th July

*4. Place of Birth (Street and Number)* no. 82 O'Donnell St Canton

*5. Full Name of Mother* Hellen Halfpenny

*6. Mother's Maiden Name* Hellen Winks

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* George W. Halfpenny

*9. Father's Occupation* Boiler Maker

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah Sullens

*Address* 104 Curley St Canton

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19746

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 28 1877
4. *Place of Birth (Street and Number)* No 42 McMechen St
5. *Full Name of Mother* Mary E Magher
6. *Mother's Maiden Name* Mary E Rittenhouse
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Magher
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elize Schmitt

*Address* 476 S A

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19747

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 28. July |
| *4. Place of Birth (Street and Number)* | 249 Hamburg St. |
| *5. Full Name of Mother* | Katharina Macher |
| *6. Mother's Maiden Name* | Peisel |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wm Macher |
| *9. Father's Occupation* | ~~Safe~~ Safe working @ Safe-making |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Krook |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19718

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | ~~Male~~ ~~Female~~ |
| *2. Race or Color (if not of the white race)* | ~~Colored~~ Colored |
| *3. Date of Birth* | 28 July |
| *4. Place of Birth (Street and Number)* | 58 Aisquith St |
| *5. Full Name of Mother* | Virginia Minder |
| *6. Mother's Maiden Name* | Virginia Burgerson |
| *7. Mother's Birthplace* | Fredericksburg Virginia |
| *8. Full Name of Father* | Hans Minder |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Prince Henry Somerset County MD |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | |
| *Remarks* | |

Sharp & Ally 22 Ellen Stocks ~~Stocks~~

# RETURN OF A BIRTH.

19749

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 28 d. 1877
4. Place of Birth (Street and Number) Matifou bet Kastle 8d Schestersh
5. Full Name of Mother Karoline Hadger
6. Mother's Maiden Name Karline Alsdorf
7. Mother's Birthplace Germane
8. Full Name of Father Wilhelm Hadger
9. Father's Occupation Butcher
10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Marie Rudiger

Address 134 N. Bond Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19750

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 28 th 1877
4. Place of Birth (Street and Number) No 298 Hanover st.
5. Full Name of Mother Cristina Mackenthun
6. Mother's Maiden Name Müller
7. Mother's Birthplace Germany
8. Full Name of Father William Mackenthun
9. Father's Occupation Watch maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife 213 Cross st.

Address

Remarks

# RETURN OF A BIRTH.

19751

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 28th of July |
| *4. Place of Birth (Street and Number)* | St Paul St no number. |
| *5. Full Name of Mother* | Sarah Crosby |
| *6. Mother's Maiden Name* | Tzinde. |
| *7. Mother's Birthplace* | Carroll County |
| *8. Full Name of Father* | George Washington Crosby. |
| *9. Father's Occupation* | Engineer. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Crosby. |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19752

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July th 28 1
4. Place of Birth (Street and Number) 331 William St Baltimore Md
5. Full Name of Mother Mrs Alice green small
6. Mother's Maiden Name Alice green scott
7. Mother's Birthplace Borne Richmond virginia
8. Full Name of Father William Henry small
9. Father's Occupation labourer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Stringe

Address 331 William St Baltimore Md

Remarks Yours obedient William Henry Small

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19753

HEALTH DEPARTMENT
AUG 1 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Children |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Wite / |
| *3. Date of Birth* | 28 of July |
| *4. Place of Birth (Street and Number)* | Charles St No 417 |
| *5. Full Name of Mother* | Mary McMahon |
| *6. Mother's Maiden Name* | Mary Epps |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | James McMahon |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 125 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19751

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 28th 1877 |
| *4. Place of Birth (Street and Number)* | No 60 Raborg St. |
| *5. Full Name of Mother* | Adeline Burwell |
| *6. Mother's Maiden Name* | Adeline Maxwell |
| *7. Mother's Birthplace* | King William Co. Va |
| *8. Full Name of Father* | Wm Burwell |
| *9. Father's Occupation* | Steward on Steam boat |
| *10. Father's Birthplace* | Richmond Va |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Jane Wynneberger |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19755

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 4 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 28 July

*4. Place of Birth (Street and Number)* 227 Broadway

*5. Full Name of Mother* Laura Rogers

*6. Mother's Maiden Name* "

*7. Mother's Birthplace* Balto Md.

*8. Full Name of Father* John Rogers

*9. Father's Occupation* Police Officer

*10. Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J Conrad

*Address* 120 Barnes Alley

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

19756

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 29th 1877
4. *Place of Birth (Street and Number)* 123 Banks st.
5. *Full Name of Mother* Lena Hartman
6. *Mother's Maiden Name* " Meisel
7. *Mother's Birthplace* City
8. *Full Name of Father* John Hartman
9. *Father's Occupation* Agent
10. *Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buschmann

*Address* 120 Banks st

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**See Record of Vital Statistics in the City of Baltimore.**

# RETURN OF A BIRTH.

19737

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 29th " 1877
4. *Place of Birth* (Street and Number) 373 William Street. Baltimore Md "
5. *Full Name of Mother* Johannah. Schwaberland
6. *Mother's Maiden Name* Johannah. Donovan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Coonrad. Schwaberland
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Miss Conway

*Address*

*Remarks*

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19758

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 29th 1877. |
| *4. Place of Birth (Street and Number)* | 181 Barre St. |
| *5. Full Name of Mother* | Emma Jane Loudenslager, |
| *6. Mother's Maiden Name* | " " , Kelly, |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Jesse C. Loudenslager, |
| *9. Father's Occupation* | Fireman. |
| *10. Father's Birthplace* | Penn. |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. J. N. Tall, M.D. |
| *Address* | 152 S. Sharp St. |
| *Remarks* | Child living |

19759

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 29 July |
| *4. Place of Birth (Street and Number)* | 22 Monument St |
| *5. Full Name of Mother* | Agnes McCarty |
| *6. Mother's Maiden Name* | Gallery |
| *7. Mother's Birthplace* | Massachusetts |
| *8. Full Name of Father* | Laurance McCarty |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrismer |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

**Free Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19760

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
DEC
10
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 29th 1877
4. Place of Birth (Street and Number) 134 Saratoga st.
5. Full Name of Mother Anna Maria Weigmann
6. Mother's Maiden Name " " Haffner
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William John Weigmann
9. Father's Occupation Bar Keeper
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch

Address 27. N. Broadway.

Remarks

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19761

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 29 July 1877

*4. Place of Birth (Street and Number)* 319 E. Chase

*5. Full Name of Mother* Mary E. McLaughlin

*6. Mother's Maiden Name* Mary E. Rouse

*7. Mother's Birthplace* Balto.

*8. Full Name of Father* Daniel McLaughlin.

*9. Father's Occupation* Shoe Manufacturer.

*10. Father's Birthplace* Balto.

*Name of Medical Attendant,* or other Person who makes this Return. J. W. P. Ballis, M.D.

*Address* 73 E. Balto. St.

*Remarks* 8 mos. child

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19762

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this return

*Address*

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19768

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 2 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 6th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 29 of July |
| *4. Place of Birth (Street and Number)* | 163 Williams St. |
| *5. Full Name of Mother* | Barbara Set |
| *6. Mother's Maiden Name* | Hunt |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Philipp Set |
| *9. Father's Occupation* | Wagon driver |
| *10. Father's Birthplace* | Bavaria |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Stroh |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

***Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19764

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child 1 mother

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored race
3. Date of Birth July 29.18.77
4. Place of Birth (Street and Number) Dallis St 183 Baltimore md
5. Full Name of Mother Ann ~~gibson~~ meglotton
6. Mother's Maiden Name Ann gibson
7. Mother's Birthplace Dorchstor Co md
8. Full Name of Father david gibson
9. Father's Occupation Butcher
10. Father's Birthplace Dorchestor Co md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wolford

Address Regeerfter St 130 Baltimore

Remarks

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19765

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Dritte |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | " |
| *3. Date of Birth* | 29. Juli 1877 |
| *4. Place of Birth (Street and Number)* | Süd Broadway |
| *5. Full Name of Mother* | Margaretha Sommerwerk |
| *6. Mother's Maiden Name* | Zeuigt |
| *7. Mother's Birthplace* | Baltimore M. D. |
| *8. Full Name of Father* | Daniel Sommerwerk |
| *9. Father's Occupation* | Stockinger |
| *10. Father's Birthplace* | Preussisch Minden |
| *Name of Medical Attendant,* or other Person who makes this Return. | |
| *Address* | Mrs Louise Kraft |
| *Remarks* | |

*Vital Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19765 B

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 29th 1877 |
| 4. *Place of Birth (Street and Number)* | S. Broadway |
| 5. *Full Name of Mother* | Margeretha Sommerwork |
| 6. *Mother's Maiden Name* | " Haupt |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Daniel Sommerwork |
| 9. *Father's Occupation* | Store Keeper |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

19766

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* zweite

*1. Sex (state whether Male or Female)* Mädchen

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 29. Juli 1877

*4. Place of Birth (Street and Number)* Eastern Ave. 396.

*5. Full Name of Mother* Henrietta Wand

*6. Mother's Maiden Name* Kahn

*7. Mother's Birthplace* Schlesinger Holstein

*8. Full Name of Father* Friedrich Wand

*9. Father's Occupation* Schiffsrobertor

*10. Father's Birthplace* Strahlsund.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. Louise Kraft.

*Remarks*

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19766

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | July 29th 1877 |
| 4. *Place of Birth (Street and Number)* | 396 Eastern av |
| 5. *Full Name of Mother* | Henrietta Wend |
| 6. *Mother's Maiden Name* | " " Hehr |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Fredrich Wend |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

**Duty of Physicians in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Fact Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19767

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the. 29 1877
4. *Place of Birth (Street and Number)* S. Dallas St. No. 130
5. *Full Name of Mother* Anna Reusz
6. *Mother's Maiden Name* Anna Glauhmann
7. *Mother's Birthplace* Vermont. St. Virginien
8. *Full Name of Father* Henry Reusz.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this return* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19768

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 29th 1877
4. *Place of Birth (Street and Number)* Shustret. 116
5. *Full Name of Mother* Johane Schlutter
6. *Mother's Maiden Name* Johane Schwedler
7. *Mother's Birthplace* German
8. *Full Name of Father* Gottfried Schlutter
9. *Father's Occupation* Hartwaer Tieler
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Mr. R. Rudiger

*Address* 134 N. Bond Strt

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19769

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 29. 1877
4. Place of Birth (Street and Number) Ost Lombardtstr No 315
5. Full Name of Mother Kunigunde Koerner
6. Mother's Maiden Name Kunigunde Eibenhofer
7. Mother's Birthplace Hockstadt Bezern
8. Full Name of Father Johann Koerner
9. Father's Occupation Karpenter
10. Father's Birthplace Hockstadt Bezern

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

**Vect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19770

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* | 3 te |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 29. 1877 |
| *4. Place of Birth (Street and Number)* | South Durham ste No 69. |
| *5. Full Name of Mother* | Anna Weber |
| *6. Mother's Maiden Name* | Anna Schaefer |
| *7. Mother's Birthplace* | Bich Bavern |
| *8. Full Name of Father* | Peter Weber |
| *9. Father's Occupation* | Schuppworker |
| *10. Father's Birthplace* | Bich Bavern |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. Johann Rompach |
| *Address* | South Wolfste No 28 |
| *Remarks* | Mid wife |

**Keep Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19771

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 29th July 1877 |
| *4. Place of Birth (Street and Number)* | No 40 S. Calhoun |
| *5. Full Name of Mother* | Margaret E. Mulker |
| *6. Mother's Maiden Name* | " " Gutmans |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Wm A. C. Mulker |
| *9. Father's Occupation* | Moulder |
| *10. Father's Birthplace* | Balto city |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. R. Uhler |
| *Address* | 234 W Fayette St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19772

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 29th 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard St. (Maternité)
5. *Full Name of Mother* Florence Gratwick
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Unknown
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Wm Gombel

*Address* 163 W. Lombard St.

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Act Record of Vital Statistics in the City of Baltimore.**

19773

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 29th 1877
4. Place of Birth (Street and Number) No 30 New Church St.
5. Full Name of Mother Dorotea Cresick
6. Mother's Maiden Name Dorotea Peit.
7. Mother's Birthplace Prussia
8. Full Name of Father Gregorio Cresick
9. Father's Occupation Fruiter & Confectionary
10. Father's Birthplace Austria

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks The child was an eight months child, but it lived until ~~last~~ Tuesday night.

C. Kunkel
untaker
Nor 60 Parke

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19774

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 29 1877 |
| *4. Place of Birth (Street and Number)* | No 4 St Peters Street |
| *5. Full Name of Mother* | Elisabath Heinekamp |
| *6. Mother's Maiden Name* | " " Gobel |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John H Heinekamp |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Cathrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19775

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd

1. *Sex (state whether Male or Female)* Female twin the

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* born on 29th of July 1877

4. *Place of Birth (Street and Number)* No 61 Bantelloe St.

5. *Full Name of Mother* Lizzie L. Kerriman

6. *Mother's Maiden Name* L. Smallwood

7. *Mother's Birthplace* born in the City of Balto.

8. *Full Name of Father* John Kerriman

9. *Father's Occupation* Lapere

10. *Father's Birthplace* born in the City of Balto.

*Name of Medical Attendant,* or other Person who makes this Return. Miss Hiller

*Address* No 57 Smallwood St.

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19776

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | 29th July 1877 |
| *4. Place of Birth (Street and Number)* | Boreugh Street 81 |
| *5. Full Name of Mother* | E Hartman |
| *6. Mother's Maiden Name* | E Eisenrath |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Henry Hartman |
| *9. Father's Occupation* | Cigar maker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs D Brune |
| *Address* | 114 Battery Avenue |
| *Remarks* | |

Baltimore Md

# RETURN OF A BIRTH.

19777

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE

| | | | |
|---|---|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 11 | | |
| *1. Sex (state whether Male or Female)* | Female | | |
| *2. Race or Color (if not of the white race)* | | | |
| *3. Date of Birth* | July 30th 1877 | | |
| *4. Place of Birth (Street and Number)* | 222 E. Pratt st. | | |
| *5. Full Name of Mother* | Tilly | Ziegler | |
| *6. Mother's Maiden Name* | " | Hupp | |
| *7. Mother's Birthplace* | | | Germany |
| *8. Full Name of Father* | Martin | Ziegler | |
| *9. Father's Occupation* | | Tinner | |
| *10. Father's Birthplace* | | | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth | Buchmann | |
| *Address* | | 1211 Bank st | |
| *Remarks* | | | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics to the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19778

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG. 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 20th |
| *4. Place of Birth (Street and Number)* | Prospect Alley 302 |
| *5. Full Name of Mother* | Anna Brown |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | William Brown |
| *9. Father's Occupation* | Coal Heaver |
| *10. Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Foote |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

17779

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
9
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 31st 1877. |
| *4. Place of Birth (Street and Number)* | N 3 Fountain bet F.P. |
| *5. Full Name of Mother* | Martha Ridgell |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | American |
| *8. Full Name of Father* | E. L. Ridgell. |
| *9. Father's Occupation* | Laborer. |
| *10. Father's Birthplace* | American |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary E Linnes |
| *Address* | No 203 E Washington Str. |
| *Remarks* | 8 months child. |

Cause death by injury to mother.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19780

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 10th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 30th 1877

*4. Place of Birth (Street and Number)* 15 N. Fulton St.

*5. Full Name of Mother* Cora W. Poulson

*6. Mother's Maiden Name* Coombe

*7. Mother's Birthplace* Delaware.

*8. Full Name of Father* Rev. Thomas L. Poulson.

*9. Father's Occupation* Preacher.

*10. Father's Birthplace* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. J. Walton White M.D.

*Address* 6 N. Gilmor St.

*Remarks*

19781

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 30 1877
4. *Place of Birth (Street and Number)* No 239 N Baltimore St Baltimore
5. *Full Name of Mother* H. Lietsch
6. *Mother's Maiden Name* H. Rensch
7. *Mother's Birthplace* Germany R. Hessen Weinbach
8. *Full Name of Father* John Lietsch
9. *Father's Occupation* Merchant tailor
10. *Father's Birthplace* Elsass Eggenbach Bern

*Name of Medical Attendant,* or other Person who makes this Return. Miss Lemmler

*Address* No 66 North Shroeder St Baltimore City

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19782

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 30th 1877

*4. Place of Birth (Street and Number)* N 357 W Fayette St

*5. Full Name of Mother* Mary Elizabeth Waters

*6. Mother's Maiden Name* Mary Elizabeth Rawlings

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Waters

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Cumberland Cy Pennsylva

*Name of Medical Attendant,* or other Person who makes this Return. F E Chatard MD

*Address* N 114 Park Ave

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19783

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 30. 1877. |
| *4. Place of Birth (Street and Number)* | 49 Abbot St |
| *5. Full Name of Mother* | Catharine Blessing. |
| *6. Mother's Maiden Name* | " Muller |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John Blessing. |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | L. C. Gordon, M.D. |
| *Address* | 311 N. Broadway. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19784

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d, |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colled |
| *3. Date of Birth* | 30 July 1877 |
| *4. Place of Birth (Street and Number)* | Waters Cort No. 17. |
| *5. Full Name of Mother* | |
| *6. Mother's Maiden Name* | martha Manz |
| *7. Mother's Birthplace* | Baltimore md |
| *8. Full Name of Father* | Charles manz |
| *9. Father's Occupation* | Laber |
| *10. Father's Birthplace* | Baltimore md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlott Goesbeaz |
| *Address* | No. 89 mores Alley Balt md |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19785

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 8th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 20 - 1877

*4. Place of Birth (Street and Number)* 71 George St

*5. Full Name of Mother* Mary Elizabeth Roberts

*6. Mother's Maiden Name* " " Bagley

*7. Mother's Birthplace* Edenton N Carolina

*8. Full Name of Father* William Henry Roberts

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Wm Reden M D

*Address* 87 Mulberry St

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19786

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

July 31 1877

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 30th 1877.
4. *Place of Birth (Street and Number)* 198 Chapple St
5. *Full Name of Mother* Mary Funk.
6. *Mother's Maiden Name* Mary Nagel.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Charles Funk,
9. *Father's Occupation* Sea Captain.
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. M. Arend.

*Address* No 137 Wolfe St.

*Remarks* ~~//~~

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19787

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 30. 1877
4. *Place of Birth (Street and Number)* South Durhamstr No
5. *Full Name of Mother* Elizabeth Kimmelmann
6. *Mother's Maiden Name* Elizabeth Aweser
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Kimmelmann
9. *Father's Occupation* Plaster
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* midwife

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19788

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* zweite

*1. Sex (state whether Male or Female)* Mädchen

*2. Race or Color (if not of the white race)* "

*3. Date of Birth* 30 Juli 1877

*4. Place of Birth (Street and Number)* Süd Carolinenstr 189.

*5. Full Name of Mother* Marie Keeling

*6. Mother's Maiden Name* Schoenborn

*7. Mother's Birthplace* Hessen

*8. Full Name of Father* Karl Keeling

*9. Father's Occupation* Musiker

*10. Father's Birthplace* Magdeburg

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs Louise Kraft

*Remarks*

# RETURN OF A BIRTH.

19788

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 2 d |
| 1. *Sex* (*state whether Male or Female*) | Female |
| 2. *Race or Color* (*if not of the white race*) | White |
| 3. *Date of Birth* | July 30 1877 |
| 4. *Place of Birth* (*Street and Number*) | 189 S Caroline St |
| 5. *Full Name of Mother* | Maria Kerling |
| 6. *Mother's Maiden Name* | " " Schindrolm |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Karl Kerling |
| 9. *Father's Occupation* | Mussion |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Mrs Louise Kraft |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19789

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 30th 1877.
4. Place of Birth (Street and Number) 216 Alice Anna St.
5. Full Name of Mother Henrietta Rosenthal
6. Mother's Maiden Name Henrietta Wetzler,
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father Elias Rosenthal,
9. Father's Occupation Furniture Business,
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell,

Address 207. S. Broadway,

Remarks Israelites.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19790

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 4 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Egar 30 of July.

*4. Place of Birth (Street and Number)* 274 Egar Str

*5. Full Name of Mother* D. Scherf

*6. Mother's Maiden Name* D. McLauglin

*7. Mother's Birthplace* Yerlivid

*8. Full Name of Father* D. Scherf

*9. Father's Occupation* Segarmacker

*10. Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. J. Konrad

*Address* 20 Barner St

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19791

HEALTH DEPARTMENT AUG. 6 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* child of Elizabeth

*1. Sex (state whether Male or Female)* Md Male Colored. July 31. 1877

*2. Race or Color (if not of the white race)* Baltimore.

*3. Date of Birth* Durham St. 304. Elizabeth

*4. Place of Birth (Street and Number)* Dickinson

*5. Full Name of Mother*

*6. Mother's Maiden Name* Elizabeth Lee

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Alexander Dickinson

*9. Father's Occupation* Steerdoor

*10. Father's Birthplace* Eastern Shore Md

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth foot

*Address* Dr Fooks

*Remarks*

# RETURN OF A BIRTH.

19792

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG. 6 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | Eleven (11) |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | July 31 1877 |
| *4. Place of Birth (Street and Number)* | 236 West St. Balt Md |
| *5. Full Name of Mother* | Mary Matilda Toulson |
| *6. Mother's Maiden Name* | Mary Matilda Scott |
| *7. Mother's Birthplace* | Kent Co Md |
| *8. Full Name of Father* | Daniel P Toulson |
| *9. Father's Occupation* | Drayman |
| *10. Father's Birthplace* | Kent Sld Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Ann Johnson |
| *Address* | 236 West St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19793

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

| | | |
|---|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th. | |
| *1. Sex (state whether Male or Female)* | Female | |
| *2. Race or Color (if not of the white race)* | White | |
| *3. Date of Birth* | Thursday 31. July ~~Sunday the 18~~ | |
| *4. Place of Birth (Street and Number)* | No. 24 Cove-Alley | Cove Alley |
| *5. Full Name of Mother* | Mrs. Lena Bartholomaeus. | |
| *6. Mother's Maiden Name* | Lena Boeseler | |
| *7. Mother's Birthplace* | Bejenrode, Provinz Hannover, Germany. | |
| *8. Full Name of Father* | Georg Bartholomaeus. | |
| *9. Father's Occupation* | Compositor. | |
| *10. Father's Birthplace* | Mainbernheim, Bavaria, Germany. | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Sommerfeld, | |
| *Address* | No. 38, Pennsylvania-Avenue. | |
| *Remarks* | | |

Child is well, no further Remarks.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19791

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Mary galloay |
| *1. Sex (state whether Male or Female)* | Give Birth to mail |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Aug 31 |
| *4. Place of Birth (Street and Number)* | Henrety St 237 Baltimore |
| *5. Full Name of Mother* | Dont now |
| *6. Mother's Maiden Name* | Dont now |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John galloay |
| *9. Father's Occupation* | Grain meaisher |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Angline Williams |
| *Address* | 393 Eutaw st |
| *Remarks* | |

**Extract from Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19795

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 31st 1877. |
| *4. Place of Birth (Street and Number)* | 213 Hanover St. |
| *5. Full Name of Mother* | Carrie Fleischer. |
| *6. Mother's Maiden Name* | " Nable. |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | Julius Fleischer. |
| *9. Father's Occupation* | Bookkeeper. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. N. Tall. M.D. |
| *Address* | 152 S. Sharp St. |
| *Remarks* | Child living — |

# RETURN OF A BIRTH. 19796

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
2
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | July 31st 1877 |
| 4. *Place of Birth* (Street and Number) | 109 E Eutaw St |
| 5. *Full Name of Mother* | Gardner |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | |
| 8. *Full Name of Father* | Alonzo McGardner |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | D. Webster Cathell M D |
| *Address* | 2 N Broadway |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19797

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 31st 1877 |
| *4. Place of Birth (Street and Number)* | 96 Fort St |
| *5. Full Name of Mother* | Sylla E. Hill |
| *6. Mother's Maiden Name* | Sylla E. Cannon |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Stephen B. Hill |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Philadelphia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Coates M.D. |
| *Address* | |
| *Remarks* | |

**Extract from Regulations of the Board of Health in the City of Baltimore.**

**Correct Record of Vital Statistics is**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19798

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 3 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2d (

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 31st July 1877
4. *Place of Birth* (Street and Number) N° 11 Penn Street
5. *Full Name of Mother* Elise Holder
6. *Mother's Maiden Name* Elise Niemeyer
7. *Mother's Birthplace* Halberstadt Prussia Germany
8. *Full Name of Father* Charles Holder
9. *Father's Occupation* Beer business
10. *Father's Birthplace* Stuttgart Knottenberg Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Fischer

*Address* N.W. corner of Howard & Saratoga Sts

*Remarks*

---

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19799

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

*No. of Child of Mother,* (~~*state whether 1st, 2d, 3d, &c.*~~) 5th

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth* July 31st 845 P.M.
4. *Place of Birth (Street and Number)* 7 Trinity St
5. *Full Name of Mother* Lizzie Currens
6. *Mother's Maiden Name* " Williamson
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jos Curren
9. *Father's Occupation* Dairyman
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. A Frey Sherbrooke Mrs.

*Address* 11 S, High St

*Remarks*

19800

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* five

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 31

*4. Place of Birth (Street and Number)* W. Pratt st No 556

*5. Full Name of Mother* F. Elisabeth Frelach

*6. Mother's Maiden Name* Lizzie Herrmann

*7. Mother's Birthplace* Germany

*8. Full Name of Father* Jacob Herrmann

*9. Father's Occupation* Laverhand

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] Seibach

*Address* No 431 W. Pratt st

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19801

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 4 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 31 July |
| *4. Place of Birth (Street and Number)* | 186 Gilmor and Ave |
| *5. Full Name of Mother* | Elizabeth Burton |
| *6. Mother's Maiden Name* | Bond |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | James Burton |
| *9. Father's Occupation* | Railroad Man |
| *10. Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant, or other Person who makes this Return.* | Irvin T Thomas |
| *Address* | No 23 Forest Place |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19802

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 31st July 1877
4. *Place of Birth (Street and Number)* 60 Cranberry St.
5. *Full Name of Mother* Albert Lance
6. *Mother's Maiden Name* Schroeder
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Lance
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Sarah Cusperfy Jr.

*Address* 220 Lombard St.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1903

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 31st 1877
4. *Place of Birth* (Street and Number) 145 Eastern
5. *Full Name of Mother* Maria Schmidt
6. *Mother's Maiden Name* M. Rudolf
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan Schmidt
9. *Father's Occupation* Liquor maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Marie Rudiger

*Address* 137 S Bond Str

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

198011

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 1 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* | Uncle |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | July 31. 1877 |
| *4. Place of Birth (Street and Number)* | West Lombard str No 327. |
| *5. Full Name of Mother* | Elisabeth Erlinghausen |
| *6. Mother's Maiden Name* | Elisabeth Bornhorn |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wilhelm Erlinghausen |
| *9. Father's Occupation* | Waschmeister |
| *10. Father's Birthplace* | Pappenburg Bayern |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Johanna Baumbach |
| *Address* | South Wolf str No 28 |
| *Remarks* | Midwife |

# RETURN OF A BIRTH.

19805

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 1 1977
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
*1. Sex (state whether Male or Female)* Female
*2. Race or Color (if not of the white race)* White
*3. Date of Birth* July 21st
*4. Place of Birth (Street and Number)* Fort Road
*5. Full Name of Mother* Jinna Harvey
*6. Mother's Maiden Name* Jinna Gasorline
*7. Mother's Birthplace* Baltimore
*8. Full Name of Father* Henry Harvey
*9. Father's Occupation* Laborer
*10. Father's Birthplace* Baltimore
*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner
*Address* No 24 Eighth Lane
*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19806

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 31 1877 |
| *4. Place of Birth (Street and Number)* | 129 Leadenhall St |
| *5. Full Name of Mother* | Alberte Rosler |
| *6. Mother's Maiden Name* | " " Benner |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Rosler |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Khatrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14 19807

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* July 31st 1877.

*4. Place of Birth (Street and Number)* No. 295. Central Ave.

*5. Full Name of Mother* Elisa Neuman.

*6. Mother's Maiden Name* Elisa Schreiber.

*7. Mother's Birthplace* Germany.

*8. Full Name of Father* W. Neuman.

*9. Father's Occupation* Securing & Receiving Agent.

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 12. E. Monument St.

*Remarks*

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

19500

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) first child

1. Sex (state whether Male or Female) female
2. Color (if not of the white race) Collord
3. Birth 1 day of August
4. Birth (Street and Number) Baltimore Dover street 44
5. Name of Mother Sarah C. Bowie
6. Mother's Maiden Name Sarah Catharine Ann Elizabeth Bowie
7. Mother's Birthplace Born in Baltimore
8. Full Name of Father Perry Chamber
9. Father's Occupation Aramas
10. Father's Birthplace born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Primrose

Address No. 77 Dover street

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19809

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 15 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Sixt. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Colored. |
| *3. Date of Birth* | 1st August. 1877. |
| *4. Place of Birth (Street and Number)* | No 37 Forrest Street. |
| *5. Full Name of Mother* | Rosetta Stevens. |
| *6. Mother's Maiden Name* | " " Wilson |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Winfield Stevens. |
| *9. Father's Occupation* | Labor. |
| *10. Father's Birthplace* | Eastern Shore Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Nicholas Wilson |
| *Address* | |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19810

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Children |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 1 of August |
| *4. Place of Birth (Street and Number)* | William St No 237 |
| *5. Full Name of Mother* | Regina Besche. |
| *6. Mother's Maiden Name* | Regina Somer |
| *7. Mother's Birthplace* | Alphausen. |
| *8. Full Name of Father* | Joseph Besche |
| *9. Father's Occupation* | Labor |
| *10. Father's Birthplace* | Hanover |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19811

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | August 1st 1877 |
| *4. Place of Birth (Street and Number)* | No. 411. Gay St. |
| *5. Full Name of Mother* | Veronica Scherer. |
| *6. Mother's Maiden Name* | Veronica Buhleier. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Alexander Scherer. |
| *9. Father's Occupation* | Tailor. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Heilbrigt |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19812

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 4 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 by |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 1st August |
| *4. Place of Birth (Street and Number)* | 13 Abbott St |
| *5. Full Name of Mother* | L. Holecek |
| *6. Mother's Maiden Name* | " Berman |
| *7. Mother's Birthplace* | Bohemia Bohemia |
| *8. Full Name of Father* | Jos. Holecek |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Austria Bohemia |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Konrad |
| *Address* | 20 Barney St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19813

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | first one |
| 1. *Sex* (state whether Male or Female) | a fine boy |
| 2. *Race or Color* (if not of the white race) | yellow |
| 3. *Date of Birth* | august first |
| 4. *Place of Birth* (Street and Number) | Wrights aly No 10 |
| 5. *Full Name of Mother* | Bell Basker |
| 6. *Mother's Maiden Name* | Bell Basker |
| 7. *Mother's Birthplace* | Virginie jefferson county |
| 8. *Full Name of Father* | John Williams |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Lydie somerville |
| *Address* | Clinton avenue No 10 |
| *Remarks* | |

19814

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 1st 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard St. (Maternité)
5. *Full Name of Mother* Mrs. Mary Johnson
6. *Mother's Maiden Name* " Kauter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Johnson
9. *Father's Occupation* Brickmason
10. *Father's Birthplace* Baltimore.

*Name of Medical Attendant, or other Person who makes this Return.* Dr. Wm Gonsel

*Address* 163 W. Lombard St.

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19815

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | August 1st 1877 |
| *4. Place of Birth (Street and Number)* | 236 Chew St |
| *5. Full Name of Mother* | Catharine E Slater |
| *6. Mother's Maiden Name* | " Pope |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Alexander D Slater |
| *9. Father's Occupation* | Can Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary A Caldwell |
| *Address* | 251 N Donoghue St |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19816

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord race
3. Date of Birth August the 1.18.77
4. Place of Birth (Street and Number) Bethel Stck 24
5. Full Name of Mother Louiser Hill
6. Mother's Maiden Name Louiser Roberson
7. Mother's Birthplace Verfinnia
8. Full Name of Father Abraham Hill
9. Father's Occupation Labor
10. Father's Birthplace Southcorlinor

Name of Medical Attendant, or other Person who makes this Return. Lurinda Woolford

Address Regessler St 130 Baltimore Md

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19818

111

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 1st 1877 |
| *4. Place of Birth (Street and Number)* | 34 Hanover St. |
| *5. Full Name of Mother* | Hannah Vashti Shivler |
| *6. Mother's Maiden Name* | H. V. Davis |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | James R. Shivler |
| *9. Father's Occupation* | Ticket agt. P. W. & B. R. R |
| *10. Father's Birthplace* | New Jersey |
| *Name of Medical Attendant, or other Person who makes this Return.* | John S. Lynch M. D. |
| *Address* | S. E. Cor. Broadway & Pratt Sts |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19819

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)* Second

*1. Sex (state whether ~~Male or Female~~)* Male

*2. Race or Color (if not of the white race)* Black

*3. Date of Birth* August 1st 1877

*4. Place of Birth (Street and Number)* 39 E. Monument St.

*5. Full Name of Mother* Adeline Davis

*6. Mother's Maiden Name* Do Do

*7. Mother's Birthplace* Lancaster City

*8. Full Name of Father* Jno. Robinson

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Jane Lewalb

*Address* 33 E. Monument St.

*Remarks*

19820

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1 August
4. Place of Birth (Street and Number) No 10 Bank Street
5. Full Name of Mother Louisa Habreght
6. Mother's Maiden Name Dassle
7. Mother's Birthplace Garmany
8. Full Name of Father Wilhelm Habreight
9. Father's Occupation None
10. Father's Birthplace Garmany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19821

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 6th child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* august 1st

*4. Place of Birth (Street and Number)* 32 fred^k ave

*5. Full Name of Mother* mary stricker

*6. Mother's Maiden Name* mary brady

*7. Mother's Birthplace* ireland

*8. Full Name of Father* Wm stricker

*9. Father's Occupation* laborer

*10. Father's Birthplace* baltimore

*Name of Medical Attendant,* or other Person who makes this Return. mrs linder

*Address* 43 monroe street

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19822

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | Aug 1st 1877 |
| 4. *Place of Birth (Street and Number)* | 126 Fayette St |
| 5. *Full Name of Mother* | Wilhelmine Hoffman |
| 6. *Mother's Maiden Name* | Hoffman |
| 7. *Mother's Birthplace* | U. States |
| 8. *Full Name of Father* | Henry Ingram |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace* | U. States |
| *Name of Medical Attendant, or other Person who makes this return* | Dr. A. Bayer |
| *Address* | 22 Lombard St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19823

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* Aug 1st 1877
4. *Place of Birth (Street and Number)* 5th Stiles St.
5. *Full Name of Mother* Catherin Aeries
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Aeris
9. *Father's Occupation* Sugar Boiler
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Sarah Casher

*Address* 21 E Lombard St.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

198214

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* | 7te |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 2. 1877 |
| *4. Place of Birth (Street and Number)* | O Lombardstr No 340 |
| *5. Full Name of Mother* | Marguerite Zobelein |
| *6. Mother's Maiden Name* | Marguerite Friedrich |
| *7. Mother's Birthplace* | Unterledleid Bezern |
| *8. Full Name of Father* | Paul Zobelein |
| *9. Father's Occupation* | Lebner |
| *10. Father's Birthplace* | Pretzfeld Bezern |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Johanna Raupach |
| *Address* | South Wolfstr. No 28 |
| *Remarks* | Midwife |

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19823

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 2d of August 1877 |
| *4. Place of Birth (Street and Number)* | 102 Calhoun st Baltimore |
| *5. Full Name of Mother* | Friederica Louisa Sagenkaufer |
| *6. Mother's Maiden Name* | Fred. Louisa Kettelinus |
| *7. Mother's Birthplace* | Philadelphia |
| *8. Full Name of Father* | Fred. J. Rudolph Sagenkaufer |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Hamburg (Germany) |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. A. Friedmann MD |
| *Address* | 120 Pearl st Baltimore |
| *Remarks* | |

# RETURN OF A BIRTH.

19826

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 2 Aug 1877 |
| *4. Place of Birth (Street and Number)* | 262 E Lambert St. |
| *5. Full Name of Mother* | Mathilda Schaenlein |
| *6. Mother's Maiden Name* | Herrmann |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Peter Schaenlein |
| *9. Father's Occupation* | Potter |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gottfried Miller |
| *Address* | 151 E Pratt St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19827

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Thirst

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 2 August 1877

*4. Place of Birth (Street and Number)* 50 1/2 Hamstead Street

*5. Full Name of Mother* Mealy Ann Sharps

*6. Mother's Maiden Name* Mealey Williams

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Elmers Sharps

*9. Father's Occupation* Wet Driver

*10. Father's Birthplace* Leather

*Name of Medical Attendant,* or other Person who makes this Return. Rose

*Address* Williams

*Remarks* No 70 Sheriff Street

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19828

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3d |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 6th |
| *4. Place of Birth (Street and Number)* | 136 Barre St. |
| *5. Full Name of Mother* | Katy Friedlein |
| *6. Mother's Maiden Name* | Fisher |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Frank Friedlein |
| *9. Father's Occupation* | Varnisher |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Koch |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19829

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 4 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fourth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 2 August

*4. Place of Birth (Street and Number)* 4 Abbey St.

*5. Full Name of Mother* Ros. Dolňák

*6. Mother's Maiden Name* R. Mikulec

*7. Mother's Birthplace* Rodlovitz Bohemia

*8. Full Name of Father* Jos. Dolňák

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Radlovitz

*Name of Medical Attendant,* or other Person who makes this Return. J. Konrad

*Address* 2 a Barnes St

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19830

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 11 August

*4. Place of Birth (Street and Number)* No. 2. Oak St. Balt.

*5. Full Name of Mother* Sarah Pelton

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Calvert Co

*8. Full Name of Father* Otho Pelton

*9. Father's Occupation* Laber

*10. Father's Birthplace* Balt. Md

*Name of Medical Attendant,* or other Person who makes this Return. Charlott. Goodsbury

*Address* No 85 Moore Ally Balt. Md

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19831

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | 6d |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | |
| 3. *Date of Birth* | Aug 2d 1877 |
| 4. *Place of Birth* (Street and Number) | 224 S Bethel st |
| 5. *Full Name of Mother* | Lina Roeber |
| 6. *Mother's Maiden Name* | " Frederich |
| 7. *Mother's Birthplace* | City |
| 8. *Full Name of Father* | Charles Roeber |
| 9. *Father's Occupation* | Paper hanger |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mrs Elizabeth Bushmann |
| *Address* | 120 Banks st |
| *Remarks* | |

19832

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2no

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 2nd 1877

4. Place of Birth (Street and Number) 229 Montgomery St

5. Full Name of Mother Annie C. Sohl

6. Mother's Maiden Name Annie C. Winkleman

7. Mother's Birthplace Baltimore

8. Full Name of Father John Sohl

9. Father's Occupation Apothecary

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19833

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* August 2nd 1877
4. *Place of Birth* (Street and Number) No 103 Plum alley
5. *Full Name of Mother* Mary Sires
6. *Mother's Maiden Name* 0
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wilbert Sires
9. *Father's Occupation* Porter
10. *Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Thomas

*Address* 71 Burgundy Alley

*Remarks*

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19834

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
6
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 2 August |
| *4. Place of Birth (Street and Number)* | 51 Central Ave |
| *5. Full Name of Mother* | Wallburka Himmie |
| *6. Mother's Maiden Name* | Mills |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Himmie |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophie Lomon |
| *Address* | No 70 Granby Street |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**To secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19835

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 7th child.

1. *Sex* (*state whether Male or Female*) Female.
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* August 2 1877
4. *Place of Birth* (*Street and Number*) No. 87 Second St.
5. *Full Name of Mother* Katy Tunny
6. *Mother's Maiden Name* Gilder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward P. Tunny
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Anne Lindner

*Address* No. 45 Monroe St. Balt.

*Remarks*

# RETURN OF A BIRTH.

19836

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 7 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 2nd August |
| *4. Place of Birth (Street and Number)* | 210 S Eutaw St. |
| *5. Full Name of Mother* | Wilhelmine Rocksbok |
| *6. Mother's Maiden Name* | Wilhelmine Volkmar |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Charles A. Rocksbok |
| *9. Father's Occupation* | Machinist |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs. Fisher |
| *Address* | No 33 S Howard St Cor Lombard |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Survey

# RETURN OF A BIRTH.

19837

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | one |
| 1. *Sex* (state whether Male or Female) | Boy |
| 2. *Race or Color* (if not of the white race) | Collard |
| 3. *Date of Birth* | Aug 3 |
| 4. *Place of Birth* (Street and Number) | 162 Raburg St. |
| 5. *Full Name of Mother* | Christener Homes |
| 6. *Mother's Maiden Name* | Christener Lavender |
| 7. *Mother's Birthplace* | Newyork |
| 8. *Full Name of Father* | Jerome Homes |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Nancy A Williams |
| *Address* | 210 Dover St |
| *Remarks* | |

19838

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 3rd 1877
4. *Place of Birth (Street and Number)* 16 Smith st
5. *Full Name of Mother* Adeline Boeck
6. *Mother's Maiden Name* — Zink
7. *Mother's Birthplace* Govanstown Balto co
8. *Full Name of Father* Rudolf Boeck
9. *Father's Occupation* Book Binder
10. *Father's Birthplace* ~~[illegible]~~ Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anna Meseuzel

*Address* 220 Preston st Balto Md

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19839

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | [illegible] |
| *1. Sex (state whether Male or Female)* | [illegible] |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 2. August 1877 |
| *4. Place of Birth (Street and Number)* | [illegible] |
| *5. Full Name of Mother* | [illegible] |
| *6. Mother's Maiden Name* | [illegible] |
| *7. Mother's Birthplace* | [illegible] |
| *8. Full Name of Father* | [illegible] |
| *9. Father's Occupation* | [illegible] |
| *10. Father's Birthplace* | [illegible] |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Louise Kraft |
| *Address* | |
| *Remarks* | |

**Extract Regulations of the Board of Health of the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19839½

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 2 d 1877 |
| 4. *Place of Birth (Street and Number)* | No 32 Thames St |
| 5. *Full Name of Mother* | Catherina Gottschalk |
| 6. *Mother's Maiden Name* | " " " Kaeglstein |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Xavek Gottschalk |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Mrs Louise Krafft |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19840

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Mächter

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Weiß Kind
3. *Date of Birth* den 2ten August 1877
4. *Place of Birth (Street and Number)* n. bei Penselvenen Ehemaligen Glitten
5. *Full Name of Mother* Marta Elisabetha ~~Zinkland~~ Haupt
6. *Mother's Maiden Name* Marta Zinkland
7. *Mother's Birthplace* in Deutschland
8. *Full Name of Father* Konrad Haupt
9. *Father's Occupation* Hoffler
10. *Father's Birthplace* in Deutschland

*Name of Medical Attendant,* or other Person who makes this Return. Hebamme Theresia Eigedinger

*Address* No 14 Junin Strit

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

198402

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 12th 1877 |
| 4. *Place of Birth (Street and Number)* | Pennsylvania ave |
| 5. *Full Name of Mother* | Martha Elisabeth Haupt |
| 6. *Mother's Maiden Name* | " " Zublam |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Conrad Haupt |
| 9. *Father's Occupation* | Hostler |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Theresia Engeldinger |
| *Address* | No 14 Union Street |
| *Remarks* | |

***Extract Regulations of the Board of Health in relation to securing correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19841

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 3rd. 1877
4. *Place of Birth (Street and Number)* 186 Preston st
5. *Full Name of Mother* Catherine Schlauch
6. *Mother's Maiden Name* Bail
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Anton Schlauch
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anna Meenzehl

*Address* 220 Preston st

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19812

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | August 3rd 1877 |
| *4. Place of Birth (Street and Number)* | No 209 Dover St. |
| *5. Full Name of Mother* | R. J. Biddle |
| *6. Mother's Maiden Name* | R. J. Thompson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | G. W. B. Biddle |
| *9. Father's Occupation* | Teacher |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Jane Wennebergen |
| *Address* | 23 N. Libelly St. |
| *Remarks* | |

# RETURN OF A BIRTH.

19814

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
9
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 8 Aug. 1877 |
| *4. Place of Birth (Street and Number)* | 81 Granby |
| *5. Full Name of Mother* | Mary Givny |
| *6. Mother's Maiden Name* | Rensel |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | James Mc. Givny |
| *9. Father's Occupation* | Bar Keeper |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Gertraud Hiller |
| *Address* | 151 E. Fait. St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19844

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 19 1877
BALTIMORE

| | | |
|---|---|---|
| 1. | *of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| 2. | *Sex (state whether Male or Female)* | Female |
| | *Race or Color (if not of the white race)* | |
| 3. | *Date of Birth* | August 3rd 1877 |
| | *Place of Birth (Street and Number)* | 206 Bank St. |
| | *Full Name of Mother* | Fannie E. Henderson |
| | *Mother's Maiden Name* | Fannie E. Sinclair |
| 7. | *Mother's Birthplace* | Baltimore |
| 8. | *Full Name of Father* | John H. Henderson |
| 9. | *Father's Occupation* | Tobacconist ~~Somerset Co. Md~~ |
| 10. | *Father's Birthplace* | Somerset Co. Md |
| | *Name of Medical Attendant, or other Person who makes this Return.* | Hannah E. Knowles |
| | *Address* | 212 East St. |
| | *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19845

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colled
3. *Date of Birth* Th 3 August 1877
4. *Place of Birth (Street and Number)* No 83 Chesnut Stew
5. *Full Name of Mother* Lyton King
6. *Mother's Maiden Name* Desfields
7. *Mother's Birthplace* Somerset County
8. *Full Name of Father* William King
9. *Father's Occupation* Labor now
10. *Father's Birthplace* Somerset County

*Name of Medical Attendant,* or other Person who makes this Return. Rosa

*Address* William No 70

*Remarks* Chesnut Stew

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1946

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
10
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 5th Child |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | Colored race |
| *3. Date of Birth* | 3rd of augst |
| *4. Place of Birth (Street and Number)* | 217 S howard |
| *5. Full Name of Mother* | Jane young |
| *6. Mother's Maiden Name* | Jane Sophia Thomas |
| *7. Mother's Birthplace* | Calvert county |
| *8. Full Name of Father* | Georgl Young |
| *9. Father's Occupation* | Draymun |
| *10. Father's Birthplace* | Calvert county |
| *Name of Medical Attendant, or other Person who makes this Return.* | Millie Gross |
| *Address* | 181 York st |
| *Remarks* | |

19847

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Aug. 3d 1877

*4. Place of Birth (Street and Number)* N Corner Cross @ Hanover st.

*5. Full Name of Mother* Cathern Rode

*6. Mother's Maiden Name* Carger.

*7. Mother's Birthplace* Germany.

*8. Full Name of Father* Louis Rode.

*9. Father's Occupation* Storekeeper

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohwasser midwife

*Address* 213 Cross st.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19818

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Aug 3. 1877

4. *Place of Birth (Street and Number)* 76 South Washington st

5. *Full Name of Mother* [redacted] Jenkagen

6. *Mother's Maiden Name* Kate Leslie Riley

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Oliver Jenkagen

9. *Father's Occupation* Car Conductor

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Louisa Riley

*Address* No 12 Paterson Park Avenue

*Remarks*

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19849

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* August 3d 1877.

*4. Place of Birth (Street and Number)* No. 14. Anthony St.

*5. Full Name of Mother* Margaretta Meyer.

*6. Mother's Maiden Name* Margaretta Erlein.

*7. Mother's Birthplace* Germany.

*8. Full Name of Father* William Meyer.

*9. Father's Occupation* Tailor.

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19850

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Fetal Male
2. Race or Color (if not of the white race) White
3. Date of Birth Twenty third august
4. Place of Birth (Street and Number) 9 Bennett street
5. Full Name of Mother Alis Bostwick
6. Mother's Maiden Name Alis Morton
7. Mother's Birthplace Baltiore
8. Full Name of Father Aurthur Bostwick
9. Father's Occupation Labur
10. Father's Birthplace Click landen

Name of Medical Attendant, or other Person who makes this Return Louisa Wiley

Address No 12 Potosan Park Aarnew

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19851

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6 one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Coled
3. Date of Birth monday Augus the First
4. Place of Birth (Street and Number) Jomeses Cort No 15
5. Full Name of Mother Dyeanerya Heales
6. Mother's Maiden Name Dyeaner Showern
7. Mother's Birthplace Nanoplus Md
8. Full Name of Father Alford Heales
9. Father's Occupation Buther
10. Father's Birthplace Nanoplus

Name of Medical Attendant, or other Person who makes this Return. mary E Parker

Address No 51 Jeffison St Green Eden Cornal

Remarks not any thing said

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19852

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 4 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Could Child
3. Date of Birth Friday ays 3 Born in the year of 1877
4. Place of Birth (Street and Number) at No 37 Est St. Baltimore
5. Full Name of Mother Ipsime Wilson
6. Mother's Maiden Name Ipsime adams
7. Mother's Birthplace Wastom Cuty
8. Full Name of Father Wilime Wilson ~~[illegible]~~
9. Father's Occupation Wither
10. Father's Birthplace Born in Verfrem

Name of Medical Attendant, or other Person who makes this Return. Elm Stubs No 43 Sup St

Address Elm Stubs No 42 Shore Md

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19858

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG. 6 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 30 A M Aug 3rd 1877
4. *Place of Birth (Street and Number)* 40 Potomack St
5. *Full Name of Mother* Mary G Ryland
6. *Mother's Maiden Name* Mary G McCusker
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* ~~Maryland~~ Alfred Ryland
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

*Name of Medical Attendant, or other Person who makes this Return.* J Frederick MD

*Address* 28 O Donnell St

*Remarks* Head presentation Easy & Natural labor

Very large Child Both Mother & Child are doing well

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

198211

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 5 August |
| *4. Place of Birth (Street and Number)* | 110 East Pratt Street |
| *5. Full Name of Mother* | Annia Gettner |
| *6. Mother's Maiden Name* | ~~Jones~~ Gregin |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Gem Gettmon |
| *9. Father's Occupation* | Fireman |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sophie Vinson |
| *Address* | 60 70 Granby Street |
| *Remarks* | |

# RETURN OF A BIRTH.

19855

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | female |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | Aug 3rd 1877 |
| 4. *Place of Birth (Street and Number)* | 6 Bond St |
| 5. *Full Name of Mother* | Amanda McDonald |
| 6. *Mother's Maiden Name* | Amanda Corrie |
| 7. *Mother's Birthplace* | U States |
| 8. *Full Name of Father* | William McDonald |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | U States |
| *Name of Medical Attendant, or other Person who makes this return* | Sarah Carter |
| *Address* | 22 E Lombard St |
| *Remarks* | |

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19856

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* Aug 3
4. *Place of Birth (Street and Number)* 100 North Dallas St
5. *Full Name of Mother* Mary James
6. *Mother's Maiden Name* Mary Hanman
7. *Mother's Birthplace* Easton Talbert Co Md
8. *Full Name of Father* William James
9. *Father's Occupation* Labor
10. *Father's Birthplace* Easton Talbert Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear Johnson

*Address* No 32 Street [illegible]

*Remarks* healthy child

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19857

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | b |
| *3. Date of Birth* | August 3. 1877 |
| *4. Place of Birth (Street and Number)* | Warner St 187 |
| *5. Full Name of Mother* | Edither Charity |
| *6. Mother's Maiden Name* | Chesstown |
| *7. Mother's Birthplace* | Kent County Md |
| *8. Full Name of Father* | Robert Charity |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Southampton County Va |
| *Name of Medical Attendant, or other Person who makes this Return.* | C. Charlotte A. Johnson |
| *Address* | |
| *Remarks* | |

**Extract Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether or not still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19858

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
16
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 3d 1877 |
| *4. Place of Birth (Street and Number)* | 29 Little Church St |
| *5. Full Name of Mother* | Maggie Lucas |
| *6. Mother's Maiden Name* | Maggie Carr |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | Geo H Lucas |
| *9. Father's Occupation* | House Painter |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | H B Noble M D |
| *Address* | 17 Hanover |
| *Remarks* | |

# RETURN OF A BIRTH.

19859

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
27
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Aug 3rd 1877 |
| *4. Place of Birth (Street and Number)* | 84 Burgundy alley |
| *5. Full Name of Mother* | Mary Bryan |
| *6. Mother's Maiden Name* | Mary Cooke |
| *7. Mother's Birthplace* | Baltimore City Md |
| *8. Full Name of Father* | Charles Henry Bryan |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Talbot Co Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Armstrong (midwife) |
| *Address* | 109 Canary St |
| *Remarks* | |

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19860

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT
OCT
10
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1 |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | Colred |
| *3. Date of Birth* | August 31 1876 |
| *4. Place of Birth (Street and Number)* | No 1 redman court |
| *5. Full Name of Mother* | dean Manokes |
| *6. Mother's Maiden Name* | dean Banks |
| *7. Mother's Birthplace* | talbot county |
| *8. Full Name of Father* | Aaron Banks |
| *9. Father's Occupation* | talbot county |
| *10. Father's Birthplace* | working in cabbyard |
| *Name of Medical Attendant, or other Person who makes this Return.* | Maria Potter |
| *Address* | Midwife |
| *Remarks* | 191 Kings street |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19861

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 fourth |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 3 of August Hamburg St No 12 |
| *4. Place of Birth (Street and Number)* | Hamburg St No 12 |
| *5. Full Name of Mother* | Margret Hill |
| *6. Mother's Maiden Name* | Margret Murry |
| *7. Mother's Birthplace* | Newport Ireland |
| *8. Full Name of Father* | James Hill |
| *9. Father's Occupation* | Labor. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Martin |
| *Address* | West St No 128 |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19862

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

1167

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 4 August |
| *4. Place of Birth (Street and Number)* | 69 Jasper St |
| *5. Full Name of Mother* | Elizabeth Williams |
| *6. Mother's Maiden Name* | Gorman |
| *7. Mother's Birthplace* | Virginia Tobacco |
| *8. Full Name of Father* | Thomas Williams |
| *9. Father's Occupation* | Teamster |
| *10. Father's Birthplace* | Back River Neck |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula I Thompson |
| *Address* | No 23 Forrest Place |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1986B

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 7 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 4th 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard St. (Maternité)
5. *Full Name of Mother* Alice Powers
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* "Md.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

*Name of Medical Attendant,* or other Person who makes this Return. Dr Wm Gombel Md.

*Address* 163. W Lombard St.

*Remarks*

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19861

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August. the. 4, 1877
4. *Place of Birth (Street and Number)* E. Pratt. St. No. 182.
5. *Full Name of Mother* Theresia Vibzig
6. *Mother's Maiden Name* Theresia Köhne
7. *Mother's Birthplace* Frankenhausen. N. Preussen. Germany
8. *Full Name of Father* Wilhelm Vibzig
9. *Father's Occupation* Cigarren Manufacturer
10. *Father's Birthplace* Frankenhausen. N. Preussen. Germany

*Name of Medical Attendant, or other Person who makes this return* Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

***Vital Statistics in the City of Baltimore.***

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19865

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | August. 4th 1877. |
| *4. Place of Birth (Street and Number)* | 439 Light-St. |
| *5. Full Name of Mother* | Betty Kadden. |
| *6. Mother's Maiden Name* | " Robinson. |
| *7. Mother's Birthplace* | Petersburg. Va. |
| *8. Full Name of Father* | Meyer Kadden. |
| *9. Father's Occupation* | Merchant. |
| *10. Father's Birthplace* | Hasler. Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. N. Tall. M.D. |
| *Address* | 152. S. Sharp St. |
| *Remarks* | Child living. |

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19866

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 nd Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 4 th 1877 |
| *4. Place of Birth (Street and Number)* | No 49 Brown st |
| *5. Full Name of Mother* | Louise Bode |
| *6. Mother's Maiden Name* | Mully |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Julius Bode |
| *9. Father's Occupation* | Teacher |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lichtwasser midwife 217 Crossst |
| *Address* | |
| *Remarks* | |

**That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

**Fee Record of Vital Statistics in the City of Baltimore.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19867

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 4th |
| *4. Place of Birth (Street and Number)* | 72 Pearl |
| *5. Full Name of Mother* | Mary Apfelmeyer Burgerding |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Prussia |
| *8. Full Name of Father* | Fred. Apfelmeyer |
| *9. Father's Occupation* | Bar Keeper |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Hoole |
| *Address* | 328 S Eutaw. |
| *Remarks* | |

# RETURN OF A BIRTH.

19868

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 11 1977
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 4 Aug.

4. *Place of Birth (Street and Number)* 346 Hamburg

5. *Full Name of Mother* Minnie Heckert.

6. *Mother's Maiden Name* Friedmann

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* Henry Heckert.

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary Koch

*Address* 328 S Eutaw St.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19869

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** August

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 4th 1877.
4. *Place of Birth (Street and Number)* 189 Broadway.
5. *Full Name of Mother* Mary Mäyer
6. *Mother's Maiden Name* Mary Egertt.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Moritz Mäyer.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend

*Address* No 107 Wolf St.

*Remarks* #

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19870

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 4th 1877
4. Place of Birth (Street and Number) N. Washington St. between Eager & Chase, houses not numbered
5. Full Name of Mother Elizabeth J. Deaver
6. Mother's Maiden Name E. J. Burton
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Joseph E. Deaver.
9. Father's Occupation Painter
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. John S. Lynch M.D.

Address S. E. Cor. Broadway & Pratt St.

Remarks

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19871

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT
OCT 6 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex (state whether Male or Female)* | female |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | Aug 4th 1877 |
| 4. *Place of Birth (Street and Number)* | Exeter & Hanover |
| 5. *Full Name of Mother* | Caroline Leacher |
| 6. *Mother's Maiden Name* | Caroline Weeks |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Henry Leacher |
| 9. *Father's Occupation* | Restaurant |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Sarah Carter |
| *Address* | 52 E Lombard St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19872

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st.

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Aug 4th 1877.

*4. Place of Birth (Street and Number)* Baltimore Md. W. Washington St.

*5. Full Name of Mother* Sarah B. Williams.

*6. Mother's Maiden Name* " " Davis

*7. Mother's Birthplace* Sommersett Co.

*8. Full Name of Father* Charles E. Williams

*9. Father's Occupation* Waterman

*10. Father's Birthplace* Sommersett Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Margaret A Davenport.

*Address*

*Remarks* Birth premature born at [illegible] A.M. and died at 11 O'clock A.M. Caused by hiarrhoea of mother.

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19873

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Aug 4th 1877
4. *Place of Birth* (Street and Number) Forest 12
5. *Full Name of Mother* Sarah Grimes
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. E. C. Baldwin

*Address* 124 n Eutaw st

*Remarks* Illegitimate child very light colored the mother suffering from convulsions

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19874

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* August 4 1877
4. *Place of Birth (Street and Number)* 3 th N Stricker St Balto
5. *Full Name of Mother* Rebecca Marshall Hanson x
6. *Mother's Maiden Name* Rebecca Leckitt
7. *Mother's Birthplace* Frangies Co Va
8. *Full Name of Father* Wm H Leckitt
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J H Pattison M D

*Address* 25 Franklin St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19875

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 7 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug. 4th 1877 |
| *4. Place of Birth (Street and Number)* | # 7 Jackson Square Place |
| *5. Full Name of Mother* | Henrietta Blake |
| *6. Mother's Maiden Name* | Harriett Griggs |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | G. A. Blake |
| *9. Father's Occupation* | Builder |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Lydener |
| *Address* | # 25 S Fworham St |
| *Remarks* | |

# RETURN OF A BIRTH.

19876

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 12 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st; 2d, 3d, &c.) | 4 Thirdson |
| 1. *Sex* (state whether Male or Female) | [redacted] Male Child |
| 2. *Race or Color* (if not of the white race) | Colored Child |
| 3. *Date of Birth* | Born 4 of August 1877 |
| 4. *Place of Birth* (Street and Number) | No 86 Chestnut Street |
| 5. *Full Name of Mother* | Lisbeth Jones |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | Baltimore MD |
| 8. *Full Name of Father* | John Jones |
| 9. *Father's Occupation* | Brick Maker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Harriet Jackson |
| *Address* | |
| *Remarks* | No. 96 Chestnut Street |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Fees Records of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19877

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 5 |
| *4. Place of Birth (Street and Number)* | Hubert St No 2. |
| *5. Full Name of Mother* | Mary Shanley |
| *6. Mother's Maiden Name* | Mary Joice |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Thomas Shanley |
| *9. Father's Occupation* | Boating |
| *10. Father's Birthplace* | New york |
| *Name of Medical Attendant,* or other Person who makes this Return. | Margerd Kelle |
| *Address* | |
| *Remarks* | |

...cian, accoucheur, midwife, or other person in charge, who shall attend, assist or ...irth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ith six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19878

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 of August 1877
4. *Place of Birth (Street and Number)* 60 North Castle
5. *Full Name of Mother* Magie Heilman
6. *Mother's Maiden Name* Magie Kirkner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Kirkner
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 6 North Chappel pt for John Kunkel

*Remarks* Delegat

# RETURN OF A BIRTH. 19879

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Five Children

1. *Sex (state whether Male or Female)* Last A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th of August 1877
4. *Place of Birth (Street and Number)* 246 Canton Ave.
5. *Full Name of Mother* Babri Furst
6. *Mother's Maiden Name* Babri Waldheiser
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mick Waldheiser
9. *Father's Occupation* Barr Keeper
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 11 North Chapel St p John Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19880

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Aug 5th 1877.
4. *Place of Birth (Street and Number)* 80 Placat St.
5. *Full Name of Mother* Emma Guggenheimer
6. *Mother's Maiden Name* Emma Leerburger
7. *Mother's Birthplace* New York N.Y.
8. *Full Name of Father* Henry Guggenheimer Jr.
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Bavaria, Germany

*Name of Medical Attendant,* or other Person who makes this Return. John S. R. Krozer M.D.

*Address*

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19881

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
9
1877
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | August 5th 1877 |
| *4. Place of Birth (Street and Number)* | 360 Light Street. |
| *5. Full Name of Mother* | Carrie Hermann |
| *6. Mother's Maiden Name* | Carrie Eckhardt. |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | John M Hermann |
| *9. Father's Occupation* | Book Keeper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return* | Dr Dorothea Brune |
| *Address* | 114 Battery Ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19882

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | Aug 1st 1877 |
| 4. *Place of Birth (Street and Number)* | 4 Second St |
| 5. *Full Name of Mother* | Jane Hall |
| 6. *Mother's Maiden Name* | Julia Acton |
| 7. *Mother's Birthplace* | U S |
| 8. *Full Name of Father* | George Hall |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace* | U States |
| *Name of Medical Attendant, or other Person who makes this return* | Sarah Cooper |
| *Address* | 4 E Second St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19883.

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8 August |
| *4. Place of Birth (Street and Number)* | 161 Front St |
| *5. Full Name of Mother* | Mary Casey |
| *6. Mother's Maiden Name* | Connolly |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Dan Casey |
| *9. Father's Occupation* | Police Officer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Emma J Chrismer |
| *Address* | No 23 Fremont Place |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

198811

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
9
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 5th 1877
4. *Place of Birth (Street and Number)* 495 Lemmert st
5. *Full Name of Mother* Rosine Kraimer
6. *Mother's Maiden Name* Kimmler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Kraimer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anna Meyerhoff

*Address* 220 Preston st Balto

*Remarks*

# RETURN OF A BIRTH.

19885

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 9 August |
| *4. Place of Birth (Street and Number)* | 138 Chesapeake st Locust |
| *5. Full Name of Mother* | Mary Keller |
| *6. Mother's Maiden Name* | Mary Merkel |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Valentine Keller |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Sarah Sullivan |
| *Address* | 104 Lemley st Canton |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19886

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2 |
| 1. *Sex* (state whether Male or ~~Female~~) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | Aug 6th 1877 |
| 4. *Place of Birth* (Street and Number) | 323 N Broadway |
| 5. *Full Name of Mother* | Virginia Carver |
| 6. *Mother's Maiden Name* | Virginia Fairchild |
| 7. *Mother's Birthplace* | Baltimore City |
| 8. *Full Name of Father* | Francis Tyler Carver |
| 9. *Father's Occupation* | Merchant Tailor |
| 10. *Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Geo W. Grayson M.D. |
| *Address* | 18 Marquis St. |
| *Remarks* | |

19887

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First - |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 5th 1877 |
| *4. Place of Birth (Street and Number)* | 344 Franklin St. |
| *5. Full Name of Mother* | Mary Elizabeth Harman |
| *6. Mother's Maiden Name* | Bartholow |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Ebenezer Harman |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19888

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** August

HEALTH DEPARTMENT AUG 6 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 5th 1877
4. *Place of Birth (Street and Number)* 302 Canton Ave.
5. *Full Name of Mother* Mary Wopperer
6. *Mother's Maiden Name* Mary Steinrieder
7. *Mother's Birthplace* America
8. *Full Name of Father* George Wopperer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary [illegible]

*Address* No 137 Wolfe St

*Remarks* //

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19889

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Kinder

1. *Sex (state whether Male or Female)* Knabe
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* den 5ten August 1877
4. *Place of Birth (Street and Number)* Roßstreit 101
5. *Full Name of Mother* Maria Anna Wohn
6. *Mother's Maiden Name* Maria Anna Kriemer
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Johan Wohn
9. *Father's Occupation* Kövepner
10. *Father's Birthplace* in Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Hebamme Theresia Eigeldinger

*Address* No 14 Junin Streit

*Remarks*

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

18889 V 2

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Children |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 5th 1877 |
| 4. *Place of Birth (Street and Number)* | No 101 Ross Street |
| 5. *Full Name of Mother* | Maria Anna Wohn |
| 6. *Mother's Maiden Name* | " " " Kriemer |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | John Wohn |
| 9. *Father's Occupation* | Confectioner |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Theresia Eigeldinger |
| *Address* | No 14 Union Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19890

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 6. 1877
4. *Place of Birth (Street and Number)* No 13 Ballinder Alley
5. *Full Name of Mother* Louisa Sflaum
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Sflaum
9. *Father's Occupation* Tanbor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Katharina Sunbach

*Address* 439 W. Lovett St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19891

19892

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

both birth

*Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 children

*(state whether Male or Female)* Twin Male and female

*ce or Color (if not of the white race)* Color

*te of Birth* 6 of August

*ce of Birth (Street and Number)* Hemsyeler St 191

*l Name of Mother* Frances Luprat

*her's Maiden Name* Frances young

*her's Birthplace* Baltimare city

*l Name of Father* Alfred Luprat

*her's Occupation* Cook

*her's Birthplace* Queenanns county

*me of Medical Attendant,* or other Person who makes this Return. Catherin Riley

*dress* 44 Walker St

*marks*

# RETURN OF A BIRTH.

19893

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 Aug. 1877
4. *Place of Birth (Street and Number)* 277 E Lambert St.
5. *Full Name of Mother* Mary Kemno
6. *Mother's Maiden Name* Kiefl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Kemno
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Gertraud Miller

*Address* 151 E Pratt St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19894

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | the forth child |
| 1. *Sex* (state whether Male or Female) | boulard male child |
| 2. *Race or Color* (if not of the white race) | boulard |
| 3. *Date of Birth* | the 6 of august |
| 4. *Place of Birth* (Street and Number) | No 4 Spring garden st N |
| 5. *Full Name of Mother* | henrieta seamey |
| 6. *Mother's Maiden Name* | henrieta chase |
| 7. *Mother's Birthplace* | Baltimore md |
| 8. *Full Name of Father* | solimon seamey |
| 9. *Father's Occupation* | carter |
| 10. *Father's Birthplace* | sant marys county |
| *Name of Medical Attendant*, or other Person who makes this Return. | milly groce |
| *Address* | 181 myrke street Baltimore |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19895

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 6th 1877 |
| *4. Place of Birth (Street and Number)* | No 69 Barnes |
| *5. Full Name of Mother* | Susan M. Hall |
| *6. Mother's Maiden Name* | Susan M. Ford |
| *7. Mother's Birthplace* | Baltimore Co |
| *8. Full Name of Father* | Walter C. Hall |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Amanda Meanine |
| *Address* | 323 E. Monument St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19896

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
13
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 August
4. *Place of Birth (Street and Number)* 13 Little Gough Street
5. *Full Name of Mother* Caroline Sitting
6. *Mother's Maiden Name* Grander
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Sitting
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* Sophie Simon

*Address* No 70 Granby Street

*Remarks*

# RETURN OF A BIRTH.

19898

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 13 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug the 6/77
4. *Place of Birth (Street and Number)* Hanover St No 902 Balto Md
5. *Full Name of Mother* Mary S Spearman
6. *Mother's Maiden Name* " " Jackson
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Spearman
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mary Jane Richardson

*Address* No 212 Dover St md

*Remarks*

---

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19895

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP
3
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 4th 1877.
4. *Place of Birth (Street and Number)* No 56 Somerset st.
5. *Full Name of Mother* Bertha Kapfel.
6. *Mother's Maiden Name* Bertha Henze.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* August Kapfel.
9. *Father's Occupation* Musician.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Hallegust.

*Address* No 182. Tournament st.

*Remarks*

19899

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 4 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

*1. Sex (state whether Male or Female)* Boie

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 6 August

*4. Place of Birth (Street and Number)* 39 Barnes Str

*5. Full Name of Mother* Fr. Kovalic

*6. Mother's Maiden Name* Dolezal

*7. Mother's Birthplace* Znatek Bohemia

*8. Full Name of Father* Josef Kovalic

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Znatec Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. J. Konrad

*Address* 20 Barnes Str

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19900

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

Will Walter Baltimore

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 6th of Aug/77. |
| 4. Place of Birth (Street and Number) | John Cor. Central av. |
| 5. Full Name of Mother | E. Kall |
| 6. Mother's Maiden Name | E. Not known. |
| 7. Mother's Birthplace | Baltimore City |
| 8. Full Name of Father | C. Kall |
| 9. Father's Occupation | East Makerfactor |
| 10. Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | Mary Walter |
| Address | 125 N. Caroline St. |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19901

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** August 7th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 6th 1877.
4. *Place of Birth (Street and Number)* 126 Register St
5. *Full Name of Mother* Lizzie Rosenberger
6. *Mother's Maiden Name* Lizzie Volker.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Rosenberger
9. *Father's Occupation* Cooper.
10. *Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Arnold

*Address* No 137 Wolfe St

*Remarks* A

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19902

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** August 7th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 6th 1877
4. *Place of Birth (Street and Number)* 34 Thames St
5. *Full Name of Mother* Mary Minteen
6. *Mother's Maiden Name* Mary Eilden
7. *Mother's Birthplace* America
8. *Full Name of Father* Louis Minteen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. [illegible] Amend

*Address* No. 137 Wolfe St

*Remarks* #

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE

# RETURN OF A BIRTH.

19903

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** August 7th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 6th 1877.
4. *Place of Birth (Street and Number)* 343 Ann St
5. *Full Name of Mother* Henrietty Schweiger.
6. *Mother's Maiden Name* Henrietty Brown.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Martin Schweiger.
9. *Father's Occupation* Stevedore.
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Mary Amend

*Address* No 137 Wolfe St

*Remarks* C H

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

199011

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 6th 1877 |
| 4. *Place of Birth (Street and Number)* | 145 Vine Street |
| 5. *Full Name of Mother* | Regina Ruhl |
| 6. *Mother's Maiden Name* | " " Krob |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | August Ruhl |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

19905

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 6th 1877 |
| 4. *Place of Birth (Street and Number)* | 75 Hill St |
| 5. *Full Name of Mother* | Anna Bloch |
| 6. *Mother's Maiden Name* | Anna Broskoh |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Heinrich Bloch |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Kathrina Münch |
| *Address* | 74 Loudenhall St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19906

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
16
1877
BALTIMORE.

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1 9

1. *Sex* (*state whether Male or Female*) girl
2. *Race or Color* (*if not of the white race*) Collord
3. *Date of Birth* aug 7.1877
4. *Place of Birth* (*Street and Number*) 9 stockton al
5. *Full Name of Mother* annie Elliot
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Estren shor Md
8. *Full Name of Father* John Elliot
9. *Father's Occupation* laborer
10. *Father's Birthplace* Westren shor Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs proctor

*Address* 10 carlton av

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19907

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 1st |
| *4. Place of Birth (Street and Number)* | Johnson st 261 |
| *5. Full Name of Mother* | Emma Felke |
| *6. Mother's Maiden Name* | Emma Fickes |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Bad Felke |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Catherine Horner |
| *Address* | No 29 Elizabeth |
| *Remarks* | |

19908

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 7th 1877

*4. Place of Birth (Street and Number)* N 173 N. Calvert St

*5. Full Name of Mother* May B. McNeal

*6. Mother's Maiden Name* May B. Preston

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Joshua V. McNeal

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. J. Chatard M.D.

*Address* N 114 Park Ave.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19909

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG. 21 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white. |
| *3. Date of Birth* | August 7th 1877 |
| *4. Place of Birth (Street and Number)* | N. E. Cor. Mount & Townsend Sts |
| *5. Full Name of Mother* | Mathilda Rogge |
| *6. Mother's Maiden Name* | Schloemann |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Christian Rogge |
| *9. Father's Occupation* | Importer. |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | H Henry Salzer |
| *Address* | 163 W Lombard Street |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19910

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | R 3 ed Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 7 th 1877 |
| *4. Place of Birth (Street and Number)* | N° 3 Ray st. |
| *5. Full Name of Mother* | Mary Wieland |
| *6. Mother's Maiden Name* | Simms |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | John Wieland |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | America |
| *Name of Medical Attendant, or other Person who makes this Return.* | D. Lochmaier midwife 213 Green st |
| *Address* | |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19911

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
11
1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* August 7th 1877

*4. Place of Birth (Street and Number)* Calhoun St No. 431.

*5. Full Name of Mother* Augusta Dodson

*6. Mother's Maiden Name* Augusta Santmyer

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Melancthon Dodson

*9 Father's Occupation* Steamboat Clerk

*10. Father's Birthplace* St. Michaels Talbot Co. Md

*Name of Medical Attendant, or other Person who makes this Return.* L. S. Sparrow M.D

*Address* Patterson Ave — No 95

*Remarks*

# RETURN OF A BIRTH.

1912

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 7th 1877
4. *Place of Birth (Street and Number)* 5. Broadway No 153.
5. *Full Name of Mother* Anna W. Seipp
6. *Mother's Maiden Name* Anna W. Diederich
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John H. Seipp
9. *Father's Occupation* Merchandizeing
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this return* Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19913

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.*** August 9th 1877

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 7th 1877
4. *Place of Birth (Street and Number)* 14 Pratt St.
5. *Full Name of Mother* Lizzie Landgraf
6. *Mother's Maiden Name* Lizzie Fiegle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Landgraf.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant, or other Person who makes this return* Mrs. Mary Arnold

*Address* No. 137 Wilp St.

*Remarks* —

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19914

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 8th

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 7th of August 1877
4. *Place of Birth (Street and Number)* No. 995 W. Pratt St.
5. *Full Name of Mother* S. M. Henn
6. *Mother's Maiden Name* S. M. Bucher
7. *Mother's Birthplace* born in Baden Germany
8. *Full Name of Father* B. Henn
9. *Father's Occupation* Brewerer
10. *Father's Birthplace* born in Baden Ger.

*Name of Medical Attendant,* or other Person who makes this Return. Mirs. Miller

*Address* No. 57 Smalwood St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19915

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 August
4. *Place of Birth (Street and Number)* 20 Slimmers alley
5. *Full Name of Mother* Eliza Crocken
6. *Mother's Maiden Name* Eliza Moran
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Mickle Crocken
9. *Father's Occupation* Labor
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this return Mrs Eliza Fleming

*Address* 97 Albemarle St

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19916

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
1897
BALTIMORE.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Aug 2nd 1897
4. *Place of Birth* (Street and Number) 234 Lanvale St Balto:
5. *Full Name of Mother* Lilly Smith
6. *Mother's Maiden Name* Lilly Allers
7. *Mother's Birthplace* Balto: City Md
8. *Full Name of Father* Carroll Smith
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Norfolk Va

*Name of Medical Attendant,* or other Person who makes this Return. Alf. H. Powell M.D

*Address* 87 Franklin St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19917

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 7th 1877 |
| *4. Place of Birth (Street and Number)* | 51 Stockton St |
| *5. Full Name of Mother* | Louisa R Zahn |
| *6. Mother's Maiden Name* | Walf |
| *7. Mother's Birthplace* | Frederick Co Md |
| *8. Full Name of Father* | F. H. Zahn |
| *9 Father's Occupation* | Painter |
| *10. Father's Birthplace* | Westminster Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. C. Christian M.D. |
| *Address* | 431 Lemmon Ave. |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

# RETURN OF A BIRTH.

19918

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd " " |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 7th 1877 |
| *4. Place of Birth (Street and Number)* | 454 East Monument St |
| *5. Full Name of Mother* | Kate Taylor |
| *6. Mother's Maiden Name* | Kate Sonderlund |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Edward C Taylor |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Amanda Marine |
| *Address* | 32 E. Monument St |
| *Remarks* | |

# RETURN OF A BIRTH.

19919

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 7th 1877 |
| *4. Place of Birth (Street and Number)* | 535 W Baltimore Street |
| *5. Full Name of Mother* | Laura Lehman. |
| *6. Mother's Maiden Name* | Laura Goldstein |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Aaron Lehman |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Lurril E Howell MD |
| *Address* | No 29 Arsquith St 21 |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19920

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 7d 1877
4. *Place of Birth (Street and Number)* 34 N. Bondstreet
5. *Full Name of Mother* Erlem Bennion
6. *Mother's Maiden Name* Ell. Lanis
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Bennion
9. *Father's Occupation* Barber
10. *Father's Birthplace* England

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Rudge

*Address* 134 N. Bondstreet Baltimore

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19921

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
13
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 August
4. *Place of Birth (Street and Number)* 63 Lombard Street
5. *Full Name of Mother* Mary Irving
6. *Mother's Maiden Name* Bast
7. *Mother's Birthplace* Gaming
8. *Full Name of Father* Jas. Irving
9. *Father's Occupation* Copper
10. *Father's Birthplace* Gaming

*Name of Medical Attendant,* or other Person who makes this Return. Sophie Simon

*Address* No 70 Granby

*Remarks*

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19922

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

*1. Sex (state whether Male or Female)* A Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 7th of August 1877

*4. Place of Birth (Street and Number)* Philadelphia Road

*5. Full Name of Mother* Mary Cartel

*6. Mother's Maiden Name* Mary Lamky

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Albert Lamky

*9. Father's Occupation* Bukhee

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Presentia Kunkel

*Address* 7 North Chappel Pepha Kunkel

*Remarks* Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19923

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

*1. Sex (state whether Male or Female)* Male.

*2. Race or Color (if not of the white race)* White.

*3. Date of Birth* August 7th 1877.

*4. Place of Birth (Street and Number)* No. 56. York Road

*5. Full Name of Mother* Clara Mary Graeber.

*6. Mother's Maiden Name* Clara Mary Winkelman.

*7. Mother's Birthplace* Germany.

*8. Full Name of Father* John Graeber.

*9. Father's Occupation* Tailor.

*10. Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19924

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | Primipara |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Aug 7th '77 |
| 4. Place of Birth (Street and Number) | 12 Arlington Av. |
| 5. ~~Full Name~~ Maiden name of Mother | Mary Roach |
| 6. Mother's ~~Maiden Name~~ Full name | Mary Branning |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Henry Branning |
| 9. Father's Occupation | Vinegar Manufacturer |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | A. H. Eastern M.D. |
| Address | 543 Lexington St |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19923

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 7th 1877 |
| *4. Place of Birth (Street and Number)* | Washington St. Ext |
| *5. Full Name of Mother* | Elenora Brown |
| *6. Mother's Maiden Name* | Elenora Brown Burris |
| *7. Mother's Birthplace* | Liverpool Eng |
| *8. Full Name of Father* | Jas H. Burris |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return* | Mary E. Simms |
| *Address* | # 205 Washington St |
| *Remarks* | |

# RETURN OF A BIRTH.

19926

11

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Aug 7th 1877

4. Place of Birth (Street and Number) 270 S Regiester st

5. Full Name of Mother Elizabeth Armling

6. Mother's Maiden Name " Biedenkopf

7. Mother's Birthplace City

8. Full Name of Father Henry Armling

9. Father's Occupation Laborer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Banks st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19927

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 8 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Female.

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Aug 7th 1877

*4. Place of Birth (Street and Number)* Balt. Md. 102 [illegible] Castle

*5. Full Name of Mother* Mary Ann [illegible]

*6. Mother's Maiden Name* " " Lynch.

*7. Mother's Birthplace* Baltimore, M. D.

*8. Full Name of Father* James [illegible]

*9. Father's Occupation* Ship Carpenter.

*10. Father's Birthplace* [illegible], Ireland.

*Name of Medical Attendant,* or other Person who makes this Return. M. A. [illegible]

*Address* [illegible]

*Remarks* [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19928

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 9 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | one |
| 1. *Sex* (state whether Male or Female) | Boy |
| 2. *Race or Color* (if not of the white race) | Colead |
| 3. *Date of Birth* | Aug 7th |
| 4. *Place of Birth* (Street and Number) | 46 Boyd St |
| 5. *Full Name of Mother* | Sodonia Ambrose |
| 6. *Mother's Maiden Name* | Sodonia Parker |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | John Ambrose |
| 9. *Father's Occupation* | Brick maker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Nancy Williams |
| *Address* | 20 Dover St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19929

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* | 7 te |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 7. 1877 |
| *4. Place of Birth (Street and Number)* | 651 & Lombard st No 353 |
| *5. Full Name of Mother* | Margaretha Jung |
| *6. Mother's Maiden Name* | Margaretha Strigel |
| *7. Mother's Birthplace* | Edelbrich Baern |
| *8. Full Name of Father* | Jakob Jung |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Nassau |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm Johanna Baumgarth |
| *Address* | South Wolfst No 28 |
| *Remarks* | Wm Imme |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19930

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5tens Kind

1. *Sex (state whether Male or Female)* Lub
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 8ten August
4. *Place of Birth (Street and Number)* No 14 Corner of Twan und Albermahl Str.
5. *Full Name of Mother* Elisabett Paul
6. *Mother's Maiden Name* Elisabett Klen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Schems Henry Paul
9. *Father's Occupation* Handarbeiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Friederike Kaufmann

*Address* No 178 Corner of Dallas and Eastern Av.

*Remarks* Hemme.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 15 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug. 8th 1877 |
| *4. Place of Birth (Street and Number)* | 65 Luzerne St. |
| *5. Full Name of Mother* | Catharine Leonard |
| *6. Mother's Maiden Name* | " Barley |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Chas. Leonard |
| *9. Father's Occupation* | Teamster |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Manskined |
| *Address* | 117 S. Broadway |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19932

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)*

*1. Sex (state whether Male ~~or Female~~)*

*2. Race or Color (~~if not of the~~ white race)*

*3. Date of Birth* Aug. 8th 1877

*4. Place of Birth (Street and Number)* No 68 Chew St Balto, Md

*5. Full Name of Mother* Emma S Myers

*6. Mother's Maiden Name* " " Stover

*7. Mother's Birthplace* Balto, Md

*8. Full Name of Father* John F. Myers

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Balto, Md

*Name of Medical Attendant,* or other Person who makes this Return. J. R. Dorsey M.D.

*Address* No. 121 E. Balto St

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19933

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 8th 1877 |
| *4. Place of Birth (Street and Number)* | 57 Perry Street |
| *5. Full Name of Mother* | Catharina Truss |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Paul Truss |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St |
| *Remarks* | |

# RETURN OF A BIRTH.

19934

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 8th Aug. 1877
4. *Place of Birth (Street and Number)* 289 Day St
5. *Full Name of Mother* Elizabeth Hendricks
6. *Mother's Maiden Name* Taylor
7. *Mother's Birthplace* Mathews
8. *Full Name of Father* John Hendricks
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Mathews

*Name of Medical Attendant,* or other Person who makes this return Sarah Cooper [illegible]

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Place any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19935

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 21 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 8th 1877 |
| *4. Place of Birth (Street and Number)* | N. 482 Pennsylvania Avenue |
| *5. Full Name of Mother* | Sophie Belz |
| *6. Mother's Maiden Name* | Kiel |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Peter Belz |
| *9. Father's Occupation* | Restaurant Keeper |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Henry Salzer |
| *Address* | 165 W Lombard St |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, distinctly the date of birth, sex, and color of the child or children born, its or their [illegible], whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19936

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 8th 1877.
4. *Place of Birth (Street and Number)* No. 36. Park Ave.
5. *Full Name of Mother* C. B. Montgomery.
6. *Mother's Maiden Name* Annie B. ~~Taylor~~ Engle.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John C. Montgomery.
9. *Father's Occupation* Liquor Dealer.
10. *Father's Birthplace* England.

*Name of Medical Attendant,* or other Person who makes this Return. Dena C. Gillespie.

*Address* No. 182. E. Monument St.

*Remarks*

1st

# RETURN OF A BIRTH.

19937

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.*** August 9th 1877

HEALTH DEPARTMENT
AUG
9
1877
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8th 1877
4. *Place of Birth (Street and Number)* 131 Wolfe St
5. *Full Name of Mother* Lizzie Kriegel
6. *Mother's Maiden Name* Lizzie Kirschbaum
7. *Mother's Birthplace* America
8. *Full Name of Father* Frank Kriegel
9. *Father's Occupation* Grocer
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this return Mrs Mary Smead

*Address* No 131 Wolfe St.

*Remarks* —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19938

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 2nd

1. *Sex (state whether Male or Female)* Male healthe

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* born on the 8th of August 1877

4. *Place of Birth (Street and Number)* No 9 Vinson st.

5. *Full Name of Mother* Kate Dassinger

6. *Mother's Maiden Name* K. Merick

7. *Mother's Birthplace* City of Balto.

8. *Full Name of Father* H. Dassinger

9. *Father's Occupation* Grocer.

10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Miller

*Address* No 519 Smallwood st

*Remarks*

# RETURN OF A BIRTH. 19939

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
10
1877
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8th 1877
4. *Place of Birth (Street and Number)* 128 Bolton St
5. *Full Name of Mother* Constance Gardner Pelgrim
6. *Mother's Maiden Name* " " Lee
7. *Mother's Birthplace* Alexandria Va
8. *Full Name of Father* George Woodbridge Pelgrim
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace* Richmond Va

*Name of Medical Attendant,* or other Person who makes this Return. D.L. Williams M.D.

*Address* 201 Madison Ave

*Remarks*

---

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 19910

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Aug 8th 1877 |
| *4. Place of Birth (Street and Number)* | 111 E Biddle Street |
| *5. Full Name of Mother* | Catherine Harris |
| *6. Mother's Maiden Name* | Catharine Jones. |
| *7. Mother's Birthplace* | Snow Hill Md |
| *8. Full Name of Father* | George Harris |
| *9. Father's Occupation* | Porter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Saml S Gowell M.D. |
| *Address* | 1029 Aisquith St |
| *Remarks* | |

That any physician, accoucheur, midwife, or other person who shall attend, within the City of Baltimore, as aforesaid, advise at the birth of any child, within the City of Baltimore, as aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19941

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 August
4. *Place of Birth (Street and Number)* No 95 Alpamale Street
5. *Full Name of Mother* Anna Van der Heyde
6. *Mother's Maiden Name* Jaiger
7. *Mother's Birthplace* Garming
8. *Full Name of Father* Charles Von Der Heyde
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Garming

*Name of Medical Attendant,* or other Person who makes this Return. Sophia Simon

*Address* No 70 ~~Granby~~ Street

*Remarks*

# RETURN OF A BIRTH.

19942

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Forth Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Augt. 8th 1877

*4. Place of Birth (Street and Number)* 117 E. Chappel St

*5. Full Name of Mother* Sidney J. Ashley

*6. Mother's Maiden Name* P. J. Weaver

*7. Mother's Birthplace* Pennsylvania

*8. Full Name of Father* Joseph J. Ashley

*9. Father's Occupation* Cigar Maker

*10. Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. M. J. Gately [illegible]

*Address* 2 H 4, Balto St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19943

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Fifth |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Aug 8th 1877 |
| 4. Place of Birth (Street and Number) | #310 Alice Anna St. Ft. |
| 5. Full Name of Mother | Annie Gumpert. Kinrien |
| 6. Mother's Maiden Name | Annie. Gumpert |
| 7. Mother's Birthplace | America |
| 8. Full Name of Father | Chas Kinrien |
| 9. Father's Occupation | Labor. |
| 10. Father's Birthplace | Germany |
| Name of Medical Attendant, or other Person who makes this Return. | #205 S Washington St |
| Address | Mary E. Simms F.P. |
| Remarks | |

# RETURN OF A BIRTH.

19944

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August th 8th 1877
4. *Place of Birth (Street and Number)* 374 Sharp St
5. *Full Name of Mother* Maria Ruhland
6. *Mother's Maiden Name* " " Wagner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Ruhland
9. *Father's Occupation* Cabined Maker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Cathrina Münch

*Address* 74 Leadenhall St

*Remarks*

That any physician, accoucheur, and [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19945

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Vierte

1. Sex (state whether Male or Female) [illegible]
2. Race or Color (if not of the white race) "
3. Date of Birth 9. August 1877
4. Place of Birth (Street and Number) Feldstraße 49.
5. Full Name of Mother Lissabetha Rathre
6. Mother's Maiden Name Jung
7. Mother's Birthplace Wasserloß Bayern
8. Full Name of Father Thomas Rathre
9. Father's Occupation Seemann
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19946

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* /

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 9th
4. *Place of Birth (Street and Number)* Locust point A & Hurburt st No 2
5. *Full Name of Mother* Annie L Greeke
6. *Mother's Maiden Name* Annie Johnson
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* James H Greek
9. *Father's Occupation* Boating
10. *Father's Birthplace* York State

*Name of Medical Attendant,* or other Person who makes this Return. Margret Etel

*Address*

*Remarks*

# RETURN OF A BIRTH.

19947 4

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 25 1877
BALTIMORE.

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* August 9th 77 3.25 P.M.
4. *Place of Birth* (*Street and Number*) 28 Lakewood Ly Avenue
5. *Full Name of Mother* Mary A Singleton
6. *Mother's Maiden Name* Mary A. Snyder
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William Hey Singleton
9. *Father's Occupation* Stove Manufacturer
10. *Father's Birthplace* Virginia

*Name of Medical Attendant, or other Person who makes this Return.* Jas. E Donnelly M.D

*Address* 2996 Balto St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19948

HEALTH DEPT
JAN
2
1878
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 3, 1877 |
| *4. Place of Birth (Street and Number)* | 460 W. Lombard St. |
| *5. Full Name of Mother* | Mary M. Saturn |
| *6. Mother's Maiden Name* | Spatzler |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Daniel Saturn |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | John Hood, M.D. |
| *Address* | No. 2 N. Carey St. |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19949

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
11
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 9 August |
| *4. Place of Birth (Street and Number)* | 60 Forest and Chase St |
| *5. Full Name of Mother* | Julia Bowen |
| *6. Mother's Maiden Name* | Howell |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Albert M Bowen |
| *9. Father's Occupation* | Store keeper |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ursula T Chrisman |
| *Address* | No 23 Forest Place |
| *Remarks* | |

# RETURN OF A BIRTH.

19950

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 14 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 7 C. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Sept. 9th |
| *4. Place of Birth (Street and Number)* | 113 Conway st. |
| *5. Full Name of Mother* | Julius Spitznas |
| *6. Mother's Maiden Name* | Martin |
| *7. Mother's Birthplace* | Kur-Hessen |
| *8. Full Name of Father* | Freckrick Spitznas |
| *9. Father's Occupation* | Wurtemburg. |
| *10. Father's Birthplace* | Cigar maker. |
| *Name of Medical Attendant, or other Person who makes this Return* | Baker. Mary Knob |
| *Address* | 328 S Eutaw st. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1995

# RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19952

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kinder

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Weiß
3. Date of Birth den 8ten August 1877
4. Place of Birth (Street and Number) No 146 Hallenstreit
5. Full Name of Mother Jully Lembert
6. Mother's Maiden Name Jully Kleinen
7. Mother's Birthplace in Baltimore
8. Full Name of Father Theodor Lembert
9. Father's Occupation Beschert Macher
10. Father's Birthplace in Deutschland

Name of Medical Attendant, or other Person who makes this Return. Hebamme Theresia Engeldinger

Address No 14 Junior Street

Remarks

# RETURN OF A BIRTH.

1995 2½

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 28 1877 |
| 4. *Place of Birth (Street and Number)* | No 146 Fallen St |
| 5. *Full Name of Mother* | Julie Lembert |
| 6. *Mother's Maiden Name* | " " Kleinman |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Theodor Lembert |
| 9. *Father's Occupation* | Basketmaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Theresia Eigeldinger |
| *Address* | No 114 Union St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19953

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 10 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug. 9 th 1877 |
| *4. Place of Birth (Street and Number)* | № 66 Sharp st |
| *5. Full Name of Mother* | Louise Lohrmann |
| *6. Mother's Maiden Name* | Siedmeier |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | George Lohrmann |
| *9. Father's Occupation* | Baker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | J Lohwasser midwife. 213 Broadst |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19954

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 11 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 9th 1877
4. Place of Birth (Street and Number) 140 Chew St.
5. Full Name of Mother Susan Devenny
6. Mother's Maiden Name Susan Lynes
7. Mother's Birthplace Ireland
8. Full Name of Father Robert John Devenny
9. Father's Occupation Grocer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo H. Wayson M.D.

Address 18 Arsquith St.

Remarks

# RETURN OF A BIRTH.

19955

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.*** August 1

HEALTH DEPARTMENT
AUG 13 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 9th 1877.

4. *Place of Birth (Street and Number)* 318 Gough St.

5. *Full Name of Mother* Annie Degenhard

6. *Mother's Maiden Name* Eliza Stiel.

7. *Mother's Birthplace* America

8. *Full Name of Father* Charles Degenhard

9. *Father's Occupation* Sailor

10. *Father's Birthplace* America.

*Name of Medical Attendant, or other Person who makes this return* Mrs. Mary Amend

*Address* No 137 Wolfe St.

*Remarks* —

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19956

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 7th 1877.
4. *Place of Birth (Street and Number)* No 120 Sumerset st.
5. *Full Name of Mother* Elisbeth Preller.
6. *Mother's Maiden Name* Elisbeth Fraunholz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John H. Preller.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No 182 E Monument st.

*Remarks*

19957

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
17
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) First (1st)

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* August 9th. 1877

4. *Place of Birth* (*Street and Number*) No 158 Bank St.

5. *Full Name of Mother* Mrs. Catherine Keturah Redmond

6. *Mother's Maiden Name* Miss C. K. Young

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Mr. John B. Redmond

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Wm H. Clendinen M. D.

*Address* No. 102 North Broadway

*Remarks*

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19958

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 9th of August 1877
4. Place of Birth (Street and Number) 230 Lexington St. Baltimore
5. Full Name of Mother Louise Victoria Lamere
6. Mother's Maiden Name " " Noel
7. Mother's Birthplace Orleans Normandie (France)
8. Full Name of Father Heinrich Ludwig Lamere
9. Father's Occupation Gardener
10. Father's Birthplace Zürich (Swiss)

Name of Medical Attendant, or other Person who makes this Return. J. D. Heldmann M. D.

Address 120 Pearl St. Baltimore

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19959

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 9th 1877 |
| *4. Place of Birth (Street and Number)* | 129 Castle St. F.P. |
| *5. Full Name of Mother* | M. V. McElwee Seebreeze |
| *6. Mother's Maiden Name* | M. V. McElwee |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | L. W. Seebreeze |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Mary E. Simms |
| *Address* | # 205 S Washington St F.P. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19960

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 20 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | the 1 August 1877 |
| *4. Place of Birth (Street and Number)* | No 9 Chestnut Street |
| *5. Full Name of Mother* | Louisa Lucas |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dora Williams |
| *Address* | No 70 Chestnut |
| *Remarks* | Street |

# RETURN OF A BIRTH.

19960

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother,* (*state ~~whether 1st, 2d, 3d, &c.~~*) 5th

1. *Sex* (*~~state whether~~ Male ~~or~~ Female*) Male

2. *Race or Color* (*~~if not of the~~ white race*) White

3. *Date of Birth* Aug 9th 77

4. *Place of Birth* (*Street and Number*) 510 Baltimore St.

5. *Full Name of Mother* Hannah Bernstein

6. *Mother's Maiden Name* Hannah Lissner

7. *Mother's Birthplace* Saxony

8. *Full Name of Father* Daniel Bernstein

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Russia

*Name of Medical Attendant,* or other Person who makes this Return. John L. Ridgely M.D.

*Address* " " City

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19961

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 9th 1877 |
| 4. *Place of Birth (Street and Number)* | 351 S Charles St |
| 5. *Full Name of Mother* | Margeretha Miller |
| 6. *Mother's Maiden Name* | " " " Schnös |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | John Miller |
| 9. *Father's Occupation* | Dyer |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Catharina Müller |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ty of Baltimore, shall report to the registrar aforesaid, ...e date of birth, sex, and color of the child or children ...ill born or not, the full name, nativity, and residence of ...r of such child or children.

advise at the birth of any child, within the City of ... within six days thereafter, stating distinctly the da... born, its or their physical condition, whether still b... the parents, and the maiden name of the mother of ...

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19962

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 14 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10 Sept 1877
4. Place of Birth (Street and Number) No 66 Sharp st
5. Full Name of Mother Mary Winkler
6. Mother's Maiden Name Gabert
7. Mother's Birthplace Balto
8. Full Name of Father Nicolaus Winkler
9. Father's Occupation Shoemaker
10. Father's Birthplace Bararice

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S Eutaw St

Remarks

Died with Spasm. Sept 13th

# RETURN OF A BIRTH.

19963

HEALTH DEPARTMENT SEP 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 (illegible)

1. *Sex (state whether Male or Female)*

2. *Race or Color (if not of the white race)*

3. *Date of Birth* (illegible)

4. *Place of Birth (Street and Number)* (illegible)

5. *Full Name of Mother* (illegible)

6. *Mother's Maiden Name* (illegible)

7. *Mother's Birthplace* (illegible)

8. *Full Name of Father* (illegible)

9. *Father's Occupation* (illegible)

10. *Father's Birthplace* (illegible)

*Name of Medical Attendant,* or other Person who makes this Return. (illegible)

*Address* (illegible)

*Remarks*

Baltimore, shall report to the registrar aforesaid, of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date born or not, the full name, nativity, and residence of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19964

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Augt 10th 1877
4. Place of Birth (Street and Number) No. Bank St
5. Full Name of Mother Maggie Mc Cormick
6. Mother's Maiden Name Carr
7. Mother's Birthplace Inland
8. Full Name of Father Patrick Mc Cormick
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Inland

Name of Medical Attendant, or other Person who makes this Return. M. J. Gately Dr

Address 244 Bank St

Remarks

19965

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* aug 16
4. *Place of Birth (Street and Number)* [illegible] short alley
5. *Full Name of Mother* Lulria tates
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible] 32 [illegible] st

*Remarks* healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19966

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 10th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 10th 1877. |
| *4. Place of Birth (Street and Number)* | Cor, Canton & Hutton Sts. |
| *5. Full Name of Mother* | Bridgit Sullivan |
| *6. Mother's Maiden Name* | Bridgit O'Connor |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Timothy Sullivan. |
| *9. Father's Occupation* | House joiner. |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. M. Sullivan. M. D. |
| *Address* | 116 Thames St. |
| *Remarks* | |

**advise at the birth of any child within the City of Bal**
**within six days thereafter, stating distinctly the date of**
**born, its or their physical condition, whether still born**
**of the parents, and the maiden name of the mother of s**
**of such child or children**

# RETURN OF A BIRTH.

19967

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 20 1877
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Aug 10th 1877

4. *Place of Birth (Street and Number)* No 153 Madeira Alley

5. *Full Name of Mother* Elizabetha Bartell

6. *Mother's Maiden Name* " Dressel

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Philip Bartell

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabetta Buschmann

*Address* 120 Bank st.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1968

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 5 * |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 18 1877 |
| *4. Place of Birth (Street and Number)* | 130 Caroline St |
| *5. Full Name of Mother* | Ida Snyder |
| *6. Mother's Maiden Name* | " Waller |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | James Snyder |
| *9. Father's Occupation* | Caulker |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Elizabeth Buschmann |
| *Address* | 120 Bank St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19969

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
15
1877
BALTIMORE

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) 8th Child

1. *Sex* (*state whether* ~~Male or~~ *Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* August the 10, 1877.
4. *Place of Birth* (*Street and Number*) S. Central Av. No. 153.
5. *Full Name of Mother* Louise Schwarzkopf.
6. *Mother's Maiden Name* Louise Stumpf.
7. *Mother's Birthplace* Hofheim. Gr. Baden. Germany
8. *Full Name of Father* Adam Schwarzkopf.
9. *Father's Occupation* none
10. *Father's Birthplace* Urberach. Gr. Hessen. Germany

*Name of Medical Attendant,* or other Person who makes this return Mary E. Muller

*Address* N. Dallas St. No. 26,

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19970

HEALTH DEPARTMENT
AUG
15
1877
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5ter Kind |
| 1. *Sex (state whether Male or Female)* | Männchen |
| 2. *Race or Color (if not of the white race)* | Weiß |
| 3. *Date of Birth* | geboren den 10te August |
| 4. *Place of Birth (Street and Number)* | № 196 Easton Ave |
| 5. *Full Name of Mother* | Caroline Alberts |
| 6. *Mother's Maiden Name* | Caroline Victor |
| 7. *Mother's Birthplace* | Deutschland |
| 8. *Full Name of Father* | Albert Alberts |
| 9. *Father's Occupation* | Handarbeiter |
| 10. *Father's Birthplace* | Deutschland |
| *Name of Medical Attendant, or other Person who makes this return* | Friederike Kaufmann |
| *Address* | № 178. Corner of Dallas and Eastern Ave |
| *Remarks* | Hebamme |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19971

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 10 1877
4. *Place of Birth (Street and Number)* No 203 Wine St
5. *Full Name of Mother* Annie Leonard
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Leonard
9. *Father's Occupation* City Police
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Katharine Seibert

*Address* 439 West Street St

*Remarks*

19972
19973

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2/ & 5th Twins

*1. Sex (state whether Male or Female)* both Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Aug 10th 1877

*4. Place of Birth (Street and Number)* 123 Mulberry st

*5. Full Name of Mother* Annie Cole

*6. Mother's Maiden Name* " Walsh

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* John Cole

*9 Father's Occupation* Carpenter

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. James A Steuart MD

*Address* 93 Park ave

*Remarks* A fine pair. weight 7 lbs each.

*City of Baltimore, shall report to the registrar aforesaid, the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children*

# RETURN OF A BIRTH.

19974

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 28th 1877 |
| *4. Place of Birth (Street and Number)* | 21 Baskin Street |
| *5. Full Name of Mother* | Sophia Otto |
| *6. Mother's Maiden Name* | L Bantz |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Ernst Otto |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | Bottin Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wood |
| *Address* | 56 East St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19975

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 10th Aug. 1877
4. *Place of Birth (Street and Number)* 43 Front St
5. *Full Name of Mother* Minnie Simons
6. *Mother's Maiden Name* Moses
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Simons
9. *Father's Occupation* Cutter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return [illegible]

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19976

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th Child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* Aug 10th 1877

*4. Place of Birth (Street and Number)* No 35 Liberty st.

*5. Full Name of Mother* Margarethe Schrader

*6. Mother's Maiden Name* Bushmann

*7. Mother's Birthplace* Germaney.

*8. Full Name of Father* Wilhelm Schrader

*9. Father's Occupation* Restaurant

*10. Father's Birthplace* Germaney.

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohmasser midwife

*Address* 203 Cross st.

*Remarks*

# RETURN OF A BIRTH.

19977

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 14 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 8/st. 11 |
| *4. Place of Birth (Street and Number)* | 95. Darby Alley. |
| *5. Full Name of Mother* | Elizabeth Reichert |
| *6. Mother's Maiden Name* | Heckman |
| *7. Mother's Birthplace* | Hessen Darmstadt |
| *8. Full Name of Father* | C. F. Reichert |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Hessen Darmstadt |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Wm. Roth |
| *Address* | 328 S. Eutaw St. |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

19978

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP
13
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 11th Aug ~~11th~~ Aug 11th Aug 1877 |
| *4. Place of Birth (Street and Number)* | 257 Mulberry |
| *5. Full Name of Mother* | Fannie M. Meany |
| *6. Mother's Maiden Name* | " " Feristerer |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Wm P. Meany |
| *9 Father's Occupation* | Editor |
| *10. Father's Birthplace* | Dublin |
| *Name of Medical Attendant, or other Person who makes this Return.* | Geo. W. Reynolds M.D. |
| *Address* | # 3 N. Calvert |
| *Remarks* | |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19979

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 11 d. 1877
4. *Place of Birth (Street and Number)* 186 E. Lompertstrd
5. *Full Name of Mother* Carlos Cunzman
6. *Mother's Maiden Name* E. Ordman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan Cunzman
9. *Father's Occupation* Grozre Zeler
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Budiger

*Address* 134 S. Bond Strd

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19980

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First Child

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Augt. 11th 1877

*4. Place of Birth (Street and Number)* 279, E. Gough St.

*5. Full Name of Mother* Annie J. Pate

*6. Mother's Maiden Name* J. Diamond

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Richard H. Pate

*9. Father's Occupation* Pilot

*10. Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. M. J. [illegible]

*Address* 2 H H, Bank St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 1998

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 11th 1877.
4. Place of Birth (Street and Number) No. 548, Eastern Ave.
5. Full Name of Mother Elizabeth Winsted
6. Mother's Maiden Name Covenington
7. Mother's Birthplace Balto City
8. Full Name of Father Capt. John J. H. Winsted
9. Father's Occupation Sea Captain
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. M. J. B. Gatel Mr.

Address 244 E. Smith Bal

Remarks

# RETURN OF A BIRTH.

19982

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 17 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 11th 1877
4. *Place of Birth (Street and Number)* No 35 Raborg St.
5. *Full Name of Mother* Indiana Kerr
6. *Mother's Maiden Name* Indiana Bradshaw
7. *Mother's Birthplace* Alexandria Va.
8. *Full Name of Father* Benjamin F. Kerr
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Cambridge Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Winnebergen
*Address* 23 N. Liberty St.
*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19983

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Chilcum |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wit |
| *3. Date of Birth* | 11 of August |
| *4. Place of Birth (Street and Number)* | William St No 211 |
| *5. Full Name of Mother* | Maye Stricker |
| *6. Mother's Maiden Name* | Maye Könner |
| *7. Mother's Birthplace* | Germeney |
| *8. Full Name of Father* | Ernstane Stricker |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germeney |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Martin |
| *Address* | West St No 125 |
| *Remarks* | |

# RETURN OF A BIRTH.

19981

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Wite |
| *3. Date of Birth* | 11 of August |
| *4. Place of Birth (Street and Number)* | West St No 74 |
| *5. Full Name of Mother* | Christina Jermonhause |
| *6. Mother's Maiden Name* | Christina Schwarz |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph Jermonhause |
| *9. Father's Occupation* | Laber |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Morton |
| *Address* | West St No 125 |
| *Remarks* | |

*In case of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

19985

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Aug 11th 1877

4. Place of Birth (Street and Number) 56 East 24

5. Full Name of Mother Mary Burkhardt

6. Mother's Maiden Name Miller

7. Mother's Birthplace Germany

8. Full Name of Father Micheal Burkhardt

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 125 Banks

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19986

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 11. 1877
4. *Place of Birth (Street and Number)* U. Warschington str No 1
5. *Full Name of Mother* Josepha Gill
6. *Mother's Maiden Name* Josepha Steigewald
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Uoe Gill
9. *Father's Occupation* Hockster
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Ms Johanna Raupach

*Address* South Wolf str U28

*Remarks* Midwife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19987

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 11. 1877
4. *Place of Birth (Street and Number)* C Clausstr No 380
5. *Full Name of Mother* Unverehlichte
6. *Mother's Maiden Name* Bell Ilwer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Schleder
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Johanna Baupach

*Address* South Wolfstr No 28

*Remarks* Und wife

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19987 1/2

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 12 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth August 11. 1877
4. Place of Birth (Street and Number) N. Warschington str No 1.
5. Full Name of Mother Josephia Gill
6. Mother's Maiden Name Josephia Steigewald
7. Mother's Birthplace Baltimore
8. Full Name of Father Noe Gill
9. Father's Occupation Hackster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Baupach

Address S. Wolfstr No 28

Remarks — Midwife

19988

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) ballard
3. Date of Birth August 1877
4. Place of Birth (Street and Number) No 50 Walker st
5. Full Name of Mother Susan Cornish
6. Mother's Maiden Name Susan Sewell
7. Mother's Birthplace Saint Mary Co
8. Full Name of Father Thomas Cornish
9. Father's Occupation grain smesher
10. Father's Birthplace Dorchester

Name of Medical Attendant, or other Person who makes this Return. Challatte ann Warren

Address 258 Rotary St

Remarks XXXXXXXX

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19989

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Aug 11
4. *Place of Birth (Street and Number)* 181 Lay St
5. *Full Name of Mother* Susan Forde
6. *Mother's Maiden Name* Susan Sparrow
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Ford
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear [illegible]

*Address* no 32 Shalt St

*Remarks* delicate child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19990

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 11th 1877 |
| *4. Place of Birth (Street and Number)* | Maternité 163 W. Lombard St. |
| *5. Full Name of Mother* | Jennie Rhodes |
| *6. Mother's Maiden Name* | Garrison |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Wm Rhodes |
| *9. Father's Occupation* | Plumber & Gasfitter |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr. Wm Gromel |
| *Address* | 163 W. Lombard St. |
| *Remarks* | |

*above is the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

1999

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 11th 1877 |
| 4. *Place of Birth (Street and Number)* | 286 Gross St |
| 5. *Full Name of Mother* | Maria Stange |
| 6. *Mother's Maiden Name* | " " Keller |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Frank Stange |
| 9. *Father's Occupation* | Cooper |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Münch |
| *Address* | 74 Leadenhall St. |
| *Remarks* | |

alvine at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19992

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 14 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* aug 11
4. *Place of Birth (Street and Number)* 18 forrest st
5. *Full Name of Mother* Alpistic Bantam
6. *Mother's Maiden Name* Alpistic Tripp
7. *Mother's Birthplace* Talbot Co Md
8. *Full Name of Father* John Bantam
9. *Father's Occupation* labor
10. *Father's Birthplace* Talbot Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Leon Johnson

*Address* no 37 short st

*Remarks* healthy child

...ervise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19993

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex (state whether Male or Female) | ~~Male~~ Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Aug 11th 1877 |
| 4. Place of Birth (Street and Number) | 851 W. Baltimore St |
| 5. Full Name of Mother | Carline Sober |
| 6. Mother's Maiden Name | Carline Wagner |
| 7. Mother's Birthplace | Balto Md |
| 8. Full Name of Father | Conrad Sober |
| 9. Father's Occupation | Baker |
| 10. Father's Birthplace | Germany |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | |
| Remarks | |

...ity of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19994

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 11th 1877 |
| *4. Place of Birth (Street and Number)* | No 109 Bothy av |
| *5. Full Name of Mother* | Mary Perkins |
| *6. Mother's Maiden Name* | Mary Carroll |
| *7. Mother's Birthplace* | Md |
| *8. Full Name of Father* | Jas Perkins |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. B. Noble, Md |
| *Address* | 17 Warren av |
| *Remarks* | |

# RETURN OF A BIRTH.

1993

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Aug 11-1877
4. *Place of Birth (Street and Number)* 22 Vine st
5. *Full Name of Mother* Matilda gipson
6. *Mother's Maiden Name* Malindia scott
7. *Mother's Birthplace* West River
8. *Full Name of Father* James gipson
9. *Father's Occupation* Labored
10. *Father's Birthplace* West River

*Name of Medical Attendant, or other Person who makes this Return.* Charlotte Proctor

*Address* 10 barton ave

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1996

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Seventh |
| 1. *Sex* (state whether *Male* or *Female*) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | August 11th 1877 |
| 4. *Place of Birth* (Street and Number) | 174 N. Eden St |
| 5. *Full Name of Mother* | Anna Rebecca |
| 6. *Mother's Maiden Name* | Coleman |
| 7. *Mother's Birthplace* | Balto |
| 8. *Full Name of Father* | Wm. Jno McCleary |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. E. Stein, M.D. |
| *Address* | 195 N. Eden St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19997

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh 17th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* August 11th

*4. Place of Birth (Street and Number)* No 2½ Nort Greene St.

*5. Full Name of Mother* Lucinda, Dorthea, Catherine, Fisher

*6. Mother's Maiden Name* Binder

*7. Mother's Birthplace* Germany

*8. Full Name of Father* John Fisher

*9. Father's Occupation* Confectioner

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Mrs. M. Arny

*Remarks* No. The Lead Central Hosp

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

19998

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 11th August 77
4. Place of Birth (Street and Number) 35 Warren st Baltimore
5. Full Name of Mother Elisa Roth
6. Mother's Maiden Name Pfluegen
7. Mother's Birthplace Treisa (Germany)
8. Full Name of Father Henry Roth
9. Father's Occupation Wheelright
10. Father's Birthplace Neuhaslau (Germany)

Name of Medical Attendant, or other Person who makes this Return. J. R. Hewman M.D.

Address 120 Pearl st Baltimore

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

19999

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Aug. 11th 1877

4. *Place of Birth* (Street and Number) N. Baltimore 691

5. *Full Name of Mother* Marietta Leckinnon Durborow

6. *Mother's Maiden Name* Marietta Leckinnon

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* [illegible]borow (Durborow)

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore

*Name of Medical Attendant or Other Person who makes this Return.* E. C. Baldwin M D

*Address* [illegible] Exeter 21

*Remarks.* Child [illegible] 3 hours. deformed head deficient in forma[illegible] Cerebrum flattened head + a large tumor

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20,000

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** August

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 12th 1877
4. *Place of Birth (Street and Number)* 5 Bladfood Alley
5. *Full Name of Mother* Emilie Roese
6. *Mother's Maiden Name* Emilie Hoffmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Edward Roese.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Mrs Mary Arnold

*Address* No 137 Wyoming St

*Remarks* [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20001

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 12d. 1877
4. Place of Birth (Street and Number) 255 S. Chapel
5. Full Name of Mother Margret Miller
6. Mother's Maiden Name Mg. Ruhl
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard Miller
9. Father's Occupation Karbenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 S. Bondstrd

Remarks

# RETURN OF A BIRTH.

20002

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 13 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5 Th. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug. 12 Th. 1877 |
| *4. Place of Birth (Street and Number)* | 299 Durham St. (north) |
| *5. Full Name of Mother* | Kate Sillinger |
| *6. Mother's Maiden Name* | Kate Hundedorfer |
| *7. Mother's Birthplace* | Bavaria |
| *8. Full Name of Father* | Andrew Sillinger |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Bavaria — 15 yrs. in U.S. |
| *Name of Medical Attendant,* or other Person who makes this Return. | W. B. O'Reilly. M.D. |
| *Address* | 235 S. Broadway. |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20003

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 1 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 12th 1877
4. *Place of Birth (Street and Number)* 262 S. Eutaw
5. *Full Name of Mother* Mary H. E. Louis
6. *Mother's Maiden Name* Mary H. E. Lamble
7. *Mother's Birthplace* New York
8. *Full Name of Father* Jno G. Louis
9. *Father's Occupation* Upholster
10. *Father's Birthplace* Hanover

*Name of Medical Attendant,* or other Person who makes this return Theodore Cook M.D.

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20004

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 12th 1877.
4. *Place of Birth (Street and Number)* No. 260 N. Front St.
5. *Full Name of Mother* Christina Duvall.
6. *Mother's Maiden Name* Christina Smith.
7. *Mother's Birthplace* Edinburg, Scotland.
8. *Full Name of Father* Luther Duvall.
9. *Father's Occupation* Plough Maker.
10. *Father's Birthplace* Anne Arundel Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 112. E. Monument St.

*Remarks*

# RETURN OF A BIRTH.

20005

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or ~~Female~~) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 12th 1877.

4. *Place of Birth* (Street and Number) 227 E. Eager St.

5. *Full Name of Mother* Johanna Bruns

6. *Mother's Maiden Name* Funk

7. *Mother's Birthplace* Balto. Md.

8. *Full Name of Father* Ferdinand Bruns.

9. *Father's Occupation* Shoe Cutting

10. *Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Sauer M. D.

*Address* 105 N. Central Avenue.

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

2006

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
18
1877
BALTIMORE.

| | |
|---|---|
| f Child of Mother (state whether 1st, 2d, 3d, &c.) | First Child. |
| (state whether Male or Female) | Female |
| ce or Color (if not of the white race) | Colored |
| te of Birth | August 12th. 1877 |
| ce of Birth (Street and Number) | 221 S. Eutaw St. |
| l Name of Mother | Annie Hazelton |
| her's Maiden Name | Annie Handday |
| her's Birthplace | Baltimore |
| l Name of Father | George Hazelton. |
| her's Occupation | Brick mulder |
| her's Birthplace | Baltimore. |
| ne of Medical Attendant, or other Person who makes this Return. | Lucy Clarke. |
| dress | 134 S. Eutaw St. |
| marks | |

# RETURN OF A BIRTH.

20007

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 12th 1877
4. *Place of Birth (Street and Number)* 172 S Regester
5. *Full Name of Mother* Elizabeth [redacted] Devinna
6. *Mother's Maiden Name* " Badder
7. *Mother's Birthplace* City
8. *Full Name of Father* James Devinna
9. *Father's Occupation* Coal Driver
10. *Father's Birthplace* City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buschmann

*Address* 120 Bank str.

*Remarks*

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20018

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 12th 1877 |
| *4. Place of Birth (Street and Number)* | 146 Conway St |
| *5. Full Name of Mother* | Mary E. Fitton |
| *6. Mother's Maiden Name* | nee Timmons |
| *7. Mother's Birthplace* | Dublin, Ireland |
| *8. Full Name of Father* | Jno Fitton |
| *9. Father's Occupation* | Collector |
| *10. Father's Birthplace* | Cork, Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | N. W. cor Hanover & Barre sts |
| *Remarks* | |

# RETURN OF A BIRTH.

20009

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 12

*4. Place of Birth (Street and Number)* 204 Columbia St

*5. Full Name of Mother* Henerette Rose

*6. Mother's Maiden Name* Henerette Kreidger

*7. Mother's Birthplace* Germania

*8. Full Name of Father* Geo Knoll

*9. Father's Occupation* Cigar Manufacturer

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dunelar

*Address* 60 Schoster St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20010

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d. |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 12 " 1877 |
| 4. *Place of Birth (Street and Number)* | 321 Shaft St |
| 5. *Full Name of Mother* | Elisa Lafsberger |
| 6. *Mother's Maiden Name* | " " Berger |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Otto Lafsberger |
| 9. *Father's Occupation* | Cabinet Maker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Cathrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ity of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20011

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
15
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | Aug. 12th 1877 |
| *4. Place of Birth (Street and Number)* | 438 E. Balto. St. |
| *5. Full Name of Mother* | Emma Seltzer |
| *6. Mother's Maiden Name* | Emma Brown |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | Frank Seltzer |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M. D |
| *Address* | 117 S. Broadway |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2501 1/2.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 16 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 d. |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | mulatto. |
| *3. Date of Birth* | Dec 13. Dayton 1877. |
| *4. Place of Birth (Street and Number)* | Lombard Street. |
| *5. Full Name of Mother* | Louisa Richardson. |
| *6. Mother's Maiden Name* | Lewis |
| *7. Mother's Birthplace* | Baltimore. |
| *8. Full Name of Father* | Moses Richardson. |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore. |
| *Name of Medical Attendant, or other Person who makes this Return* | Anna Richardson. |
| *Address* | Lombard Street. 463. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~20020~~
20012

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Aug 12th 1877 |
| 4. Place of Birth (Street and Number) | 267 Baltimore avenue |
| 5. Full Name of Mother | Mary M. Gallagher |
| 6. Mother's Maiden Name | Mary M. Steven |
| 7. Mother's Birthplace | Philadelphia |
| 8. Full Name of Father | Jas. J. Gallagher |
| 9. Father's Occupation | Shoe Cutter |
| 10. Father's Birthplace | Baltimore Md |
| Name of Medical Attendant, or other Person who makes this Return. | Theodore Cook M.D. |
| Address | |
| Remarks | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20013

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 12th 1877
4. Place of Birth (Street and Number) 12 Brannums Court
5. Full Name of Mother Sarah Whitington
6. Mother's Maiden Name
7. Mother's Birthplace Calvert County Maryland
8. Full Name of Father William Whitington
9. Father's Occupation Labor
10. Father's Birthplace Calverter County Maryland

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 71 Burgundy Alley

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

20014

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d. |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 22 1877 |
| *4. Place of Birth (Street and Number)* | corner Gran and Saratoga St. |
| *5. Full Name of Mother* | Lena Drescher |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Adolph Drescher |
| *9. Father's Occupation* | Grocery store |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia [illegible] |
| *Address* | 36 Pearl St |
| *Remarks* | |

[illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20015

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP
21
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

200157

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 14 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* Sept 13 1877
4. *Place of Birth (Street and Number)* 12 Booth St
5. *Full Name of Mother* Harit Spead
6. *Mother's Maiden Name* Harit Henson
7. *Mother's Birthplace* Howard
8. *Full Name of Father* Edward Spead
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Anne Arundel Co

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Warren

*Address* 2 E & W Rabary St

*Remarks* died Within a few hours after Bar silk being Born

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 20066

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 13 August

*4. Place of Birth (Street and Number)* 160 Chesapeake st Canton

*5. Full Name of Mother* Margaret Betz

*6. Mother's Maiden Name* Margaret Thermer

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* John F. Betz

*9. Father's Occupation* Carpenter

*10. Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Sarah Fullens

*Address* 104 Curley st Canton

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22017

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | August 13th 1877 |
| *4. Place of Birth (Street and Number)* | N.W. Cor of Bond and Chase Sts |
| *5. Full Name of Mother* | Emma Henderson |
| *6. Mother's Maiden Name* | Mulliken |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | James H. Henderson |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charles H. Thomas, M.D. |
| *Address* | 85 E. Baltimore St |
| *Remarks* | |

# RETURN OF A BIRTH.

20018

HEALTH DEPARTMENT AUG 18 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 7 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 13 d. 1877
4. *Place of Birth (Street and Number)* 11 r. Durham street
5. *Full Name of Mother* Marie Reinholt
6. *Mother's Maiden Name* M. Schultze
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Fred. Wilhem Reinholt
9. *Father's Occupation* Layer
10. *Father's Birthplace* Germane

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Rudiger

*Address* 134 r. Bond Str.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20019

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 18 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 13 d, 1877
4. Place of Birth (Street and Number) 125 Mallestrel
5. Full Name of Mother Kunigunde Markus
6. Mother's Maiden Name Kunigunde Feller
7. Mother's Birthplace Germane
8. Full Name of Father Phielip Markus
9. Father's Occupation Kabnelmaker
10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Maria R. Ruediger

Address 134 N. Bondstreet

Remarks —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 20020

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 13th 1877
4. Place of Birth (Street and Number) No. 210 North Fremont Ave
5. Full Name of Mother Bertha Margreta Beer
6. Mother's Maiden Name Bertha Margreta Lindemann
7. Mother's Birthplace Baltimore City
8. Full Name of Father Robert Karl Beer
9. Father's Occupation Professor of Languages
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. S. Bogue M.D.

Address No 1 Edmondson Ave

Remarks

# RETURN OF A BIRTH.

20021

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 13th 1877 |
| *4. Place of Birth (Street and Number)* | No 66 Boyd st Balto |
| *5. Full Name of Mother* | Sarah Elisabeth Nagengast |
| *6. Mother's Maiden Name* | Baltimore M.D. |
| *7. Mother's Birthplace* | John Kaltman |
| *8. Full Name of Father* | Cabinet Maker |
| *9. Father's Occupation* | Bevern Germany |
| *10. Father's Birthplace* | Mrs Dunkle |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | 66 Schroeder st |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20022

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one Child one mother

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* Colord race

*3. Date of Birth* August the 13.18.77

*4. Place of Birth (Street and Number)* Cudur St 42

*5. Full Name of Mother*

*6. Mother's Maiden Name* Hannor Bornet

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father*

*9. Father's Occupation*

*10. Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Lucinda Woolford

*Address* Regesster St 130 Baltimore Md

*Remarks*

20023

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Baltimore

*1. Sex (state whether Male or Female)* in Baltimore

*2. Race or Color (if not of the white race)* it is the race

*3. Date of Birth* 13 August 1877

*4. Place of Birth (Street and Number)* Baltimore Bethel St No 2[illegible]

*5. Full Name of Mother* Mary Bolek

*6. Mother's Maiden Name* Bender

*7. Mother's Birthplace* Jeleric

*8. Full Name of Father* Josef Bender

*9. Father's Occupation* tailor

*10. Father's Birthplace* Jeleric Absed Schift

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kunisch

*Address* No 69 Wishton St

*Remarks*

[illegible] of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20024

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* in Baltimore

*1. Sex (state whether Male or Female)* in Baltimore

*2. Race or Color (if not of the white race)* White Race

*3. Date of Birth* 13 August 1877

*4. Place of Birth (Street and Number)* Baltimore Sign St No 77

*5. Full Name of Mother* Clara Petrikes

*6. Mother's Maiden Name* Cooper

*7. Mother's Birthplace* Spoch

*8. Full Name of Father* Joseph Cooper

*9. Father's Occupation* Laber

*10. Father's Birthplace* Spoch

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kuplick

*Address*

*Remarks*

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

200.25

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Eleventh

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 13th 1877

*4. Place of Birth (Street and Number)* 768 W Balt St

*5. Full Name of Mother* Sarah Elizabeth Duncan

*6. Mother's Maiden Name* " " Leonard

*7. Mother's Birthplace* Balt City

*8. Full Name of Father* Thomas McCartel Duncan

*9. Father's Occupation* R R Engineer

*10. Father's Birthplace* Ohio

*Name of Medical Attendant,* or other Person who makes this Return. J W Correll M D

*Address* 506 W Fayette St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20026

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 13th 1877 536 Baltimore St |
| *4. Place of Birth (Street and Number)* | |
| *5. Full Name of Mother* | Elisa Lehmann |
| *6. Mother's Maiden Name* | E. Körner |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | B. Lehmann |
| *9. Father's Occupation* | Tailor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St. |
| *Remarks* | |

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20027

HEALTH DEPARTMENT
AUG 27 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether *Male* or *Female*) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 13 th 1877
4. *Place of Birth* (Street and Number) No 2 Millhelm St
5. *Full Name of Mother* Antonia Lasinsky
6. *Mother's Maiden Name* Antonia Laittowsky
7. *Mother's Birthplace* Germeny
8. *Full Name of Father* Casimier Lasinsky
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. E Sinklair

*Address* No 59 Fredrick Ave

*Remarks*

---

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20028

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | ~~No 61~~ August 13th 1877 |
| *4. Place of Birth (Street and Number)* | No 61. Williamson Street. |
| *5. Full Name of Mother* | Anna Wessel |
| *6. Mother's Maiden Name* | Anna Shmeadt. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Charles Wessel |
| *9. Father's Occupation* | Butcher. |
| *10. Father's Birthplace* | Braun Schwiz. Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mr. Abr. Butt |
| *Address* | No 131. N. Central avenue 2. doors South Monument |
| *Remarks* | Well |

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20029

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. Sex (state whether Male or Female) | male |
| 2. Race or Color (if not of the white race) | white |
| 3. Date of Birth | Aug 13th 75 |
| 4. Place of Birth (Street and Number) | Pennant ft. 3 door of Gilmore |
| 5. Full Name of Mother | Katherine Albers |
| 6. Mother's Maiden Name | Dunkel |
| 7. Mother's Birthplace | Balto city |
| 8. Full Name of Father | Charles F. Albers |
| 9. Father's Occupation | bookkeeper |
| 10. Father's Birthplace | Balto city |
| Name of Medical Attendant, or other Person who makes this Return. | Hr Albers M. D. |
| Address | 95 S. Sharp ft. |
| Remarks | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20030

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th Aug 1877
4. *Place of Birth (Street and Number)* 354 Balt St
5. *Full Name of Mother* Louis Short
6. *Mother's Maiden Name* Pensil
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Louis Short
9. *Father's Occupation* Cigar manufacturer
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this return Sarah Casper for Dr

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20031

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 13 1877
4. Place of Birth (Street and Number) No 1 Pastopsco Av
5. Full Name of Mother Georgia A. Burden
6. Mother's Maiden Name Georgia Dabney
7. Mother's Birthplace Charles City County Co. Va
8. Full Name of Father Albert Burden
9. Father's Occupation Farming. Charles City County Va
10. Father's Birthplace Cho Miley Grose No 18 1 York St

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

20032

# RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 14th 1877.
4. *Place of Birth (Street and Number)* No. 435. E. Chase St.
5. *Full Name of Mother* Mary Ann McClelland.
6. *Mother's Maiden Name* Mary Ann Habler.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Wm. A. McClelland.
9. *Father's Occupation* Morocco Finisher.
10. *Father's Birthplace* Belfast, Ireland.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegrist.

*Address* No. 182. E. Monument St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20033

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* august 14 1877

*4. Place of Birth (Street and Number)* 141 chaplank St

*5. Full Name of Mother* Rhoda kookogy

*6. Mother's Maiden Name* Rhoda hurbel

*7. Mother's Birthplace* baltimore city

*8. Full Name of Father* [illegible] hurbel

*9. Father's Occupation* laborer

*10. Father's Birthplace* virginia

*Name of Medical Attendant,* or other Person who makes this Return. Rachel ann garrett

*Address* 433 alicanna St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20034

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Color mate

*2. Race or Color (if not of the white race)* Color

*3. Date of Birth* Ag 14

*4. Place of Birth (Street and Number)* Baltimore 109 Millikin

*5. Full Name of Mother* Marthey Dorsey

*6. Mother's Maiden Name* Marthey Ruth

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* Charles Darsey

*9. Father's Occupation* Sealor

*10. Father's Birthplace* Cambridge

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20035

HEALTH DEPARTMENT
AUG 17 1877
BALTIMORE.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** August 16th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 14th 1871
4. *Place of Birth (Street and Number)* 246 Eastern Ave
5. *Full Name of Mother* Katie Froehlich.
6. *Mother's Maiden Name* Katie Reiman.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Henry Froehlich.
9. *Father's Occupation* Cabinet maker + Undertaker.
10. *Father's Birthplace* America.

*Name of Medical Attendant,* or other Person who makes this return Mrs. Mary Amend.

*Address* No. 137 Wolfe St.

*Remarks* [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ive at the office of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20036

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 14. 1877 |
| *4. Place of Birth (Street and Number)* | 308 E. Pratt St. |
| *5. Full Name of Mother* | Anna Mettam |
| *6. Mother's Maiden Name* | Anna Bartley |
| *7. Mother's Birthplace* | Pennsylvania |
| *8. Full Name of Father* | Henry C. Mettam |
| *9. Father's Occupation* | Clerk, |
| *10. Father's Birthplace* | Maryland, |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. W. Houck MD |
| *Address* | 95 E. Baltimore St. |
| *Remarks* | |

# RETURN OF A BIRTH.

20037

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth August 4th 1877
4. Place of Birth (Street and Number) 42 Mount Street.
5. Full Name of Mother Margaret Clarenda Weeks
6. Mother's Maiden Name " " Turner
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel Nawel Weeks
9. Father's Occupation Pattern Maker
10. Father's Birthplace Anne Arundell Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Wayson

Address 18. Aisquith Balt

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20038

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 14 August 1877
4. Place of Birth (Street and Number) 69 Jefferson St.
5. Full Name of Mother Annie Blair Knauff
6. Mother's Maiden Name " " McElwain
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Galoway Knauff
9. Father's Occupation House Carpenter
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Wayson

Address 18 Aisquith St. Balt.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20039

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug. 14th 1877 |
| *4. Place of Birth (Street and Number)* | 18 N. Exeter |
| *5. Full Name of Mother* | Dora Meyers |
| *6. Mother's Maiden Name* | " Bolton |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Daniel Meyers — |
| *9. Father's Occupation* | Policeman |
| *10. Father's Birthplace* | Carroll Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. W. Mansfield M.D. |
| *Address* | 114 N. Broadway |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~20030~~
20040.

HEALTH DEPARTMENT
AUG 16 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 14 th 1877 |
| *4. Place of Birth (Street and Number)* | No 235 Hanover st. |
| *5. Full Name of Mother* | Caroline Moehle |
| *6. Mother's Maiden Name* | Keller |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | Frederick Moehle |
| *9. Father's Occupation* | Watchmaker & Jeweler |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Lohwasser midwife |
| *Address* | 213 Cross st. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

200407

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 6 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Kind

1. *Sex (state whether Male or Female)* Knabe
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 4 August
4. *Place of Birth (Street and Number)* No 64 Junin Strit
5. *Full Name of Mother* Katharina Hess
6. *Mother's Maiden Name* Katharina Kimer
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Friedrich Hess
9. *Father's Occupation* Pegerhenger
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Hebamme Theresa Engeldinger

*Address*

*Remarks* No 14 Junin Strit

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20041

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White,

3. Date of Birth 14th August 1877,

4. Place of Birth (Street and Number) 59 Park Ave,

5. Full Name of Mother Mary Ann Hoffman,

6. Mother's Maiden Name Adlestern,

7. Mother's Birthplace Balt City

8. Full Name of Father Bernard Hoffman,

9. Father's Occupation Druggist

10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address 175 Saratoga St.

Remarks

20012

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
16
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 14th 1877 |
| *4. Place of Birth (Street and Number)* | 8 E Monument Avenue |
| *5. Full Name of Mother* | Mary M. Cook |
| *6. Mother's Maiden Name* | Mary M. Markley |
| *7. Mother's Birthplace* | Balto Co |
| *8. Full Name of Father* | Eugene Cook |
| *9. Father's Occupation* | Store Keeper |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20043

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 14th 1877 |
| *4. Place of Birth (Street and Number)* | 345 Sharp st |
| *5. Full Name of Mother* | Ida Welch |
| *6. Mother's Maiden Name* | Ida Jenkins |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Jas H. Welch |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D |
| *Address* | |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20044

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* mother of ~~one~~ three

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* colard

*3. Date of Birth* 14 of august

*4. Place of Birth (Street and Number)* no 68 dallas st

*5. Full Name of Mother* Louisa Jones

*6. Mother's Maiden Name* Louisa Somyvill

*7. Mother's Birthplace* Baltimore md d

*8. Full Name of Father* daniel Jones

*9. Father's Occupation* lader

*10. Father's Birthplace* ian marias county maryland

*Name of Medical Attendant,* or other Person who makes this Return. Leon Walker

*Address* no 74 dallas st

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20045

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 14th August |
| *4. Place of Birth (Street and Number)* | 367 Cathedral St. |
| *5. Full Name of Mother* | Alice Knapp |
| *6. Mother's Maiden Name* | Tealdhall |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Lewis Knapp |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Crosby |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

21046

HEALTH DEPARTMENT AUG 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth 4. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14 August 1877 |
| *4. Place of Birth (Street and Number)* | 508 West Pratt St. |
| *5. Full Name of Mother* | Susana Rickl |
| *6. Mother's Maiden Name* | Susana Knauf |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | H. S. Rickl |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Agnes Lindner. |
| *Address* | No 45 Monroe St Balto Md |
| *Remarks* | |

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20011

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 14 August
4. *Place of Birth* (Street and Number) 1069 Moores Alley
5. *Full Name of Mother* Lucy James
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Prince George County
8. *Full Name of Father* Charles Richardson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Harford County

*Name of Medical Attendant*, or other Person who makes this Return. Lucy Cornish

*Address*

*Remarks*

# RETURN OF A BIRTH.

20048

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Mail~~ 7

1. Sex (state whether Male, or Female) Mail
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 14 1877
4. Place of Birth (Street and Number) 145 Choptank
5. Full Name of Mother Emily Kirby
6. Mother's Maiden Name Emly Kirby
7. Mother's Birthplace Baltimore
8. Full Name of Father Harmond Sidars
9. Father's Occupation Captain
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss C Fray

Address 196 S. Chester St

Remarks Healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20049

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 14th August |
| *4. Place of Birth (Street and Number)* | No. 60 King St |
| *5. Full Name of Mother* | Augusta Thomas |
| *6. Mother's Maiden Name* | " Born |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Thomas |
| *9. Father's Occupation* | Barber |
| *10. Father's Birthplace* | Hessen-Darmstadt |
| *Name of Medical Attendant,* or other Person who makes this Return. | Kate Seeback |
| *Address* | 439 West Pratt St |
| *Remarks* | |

*City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

20050

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 14 August

*4. Place of Birth (Street and Number)* Number 70 Portland St

*5. Full Name of Mother* Kate List

*6. Mother's Maiden Name* Kate Smith

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Benjamin List

*9. Father's Occupation* Coachsmith

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Katherine Sweeney

*Address* 439 Lexington

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20051

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 5

*4. Place of Birth (Street and Number)* 96 Ewa Street

*5. Full Name of Mother* 14 August 1877

*6. Mother's Maiden Name* Allis Jones Allis Garnett

*7. Mother's Birthplace* Petersburg - Va

*8. Full Name of Father* Alfred Jones

*9. Father's Occupation* Lab

*10. Father's Birthplace* Prince George County Va

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Next Williams

*Remarks* No 70 Chemnitz Ave

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20052

HEALTH DEPARTMENT SEP 8 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 15th 1877.
4. *Place of Birth (Street and Number)* No. 270. Central Ave.
5. *Full Name of Mother* Helena Fuchs.
6. *Mother's Maiden Name* Helena Rodert.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Aloiz Fuchs.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillegeist.

*Address* No. 182. E. Monument St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20053

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 15, 77.
4. Place of Birth (Street and Number) 317 Mulberry St
5. Full Name of Mother Sarah Watkins
6. Mother's Maiden Name Admack
7. Mother's Birthplace
8. Full Name of Father Lewis Watkins
9. Father's Occupation Conductor B&O RR
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lewis M Eastman

Address 349 Lee

Remarks

200514

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) Third, (3rd)

1. *Sex* (state whether Male or ~~Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 15th, 1877
4. *Place of Birth* (Street and Number) No. 350 Orleans St.
5. *Full Name of Mother* Mrs. Georgianna Walker
6. *Mother's Maiden Name* Miss G. Irving
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Mr. Samuel T. Walker
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return. Wm. H. Clendinen

*Address* No. 102 N. Broadway

*Remarks*

within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20055

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 17 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 15 August
4. *Place of Birth (Street and Number)* No 85 Moores Alley
5. *Full Name of Mother* Cathrine Foister
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Carl. Co. Md
8. *Full Name of Father* Frank Anderson
9. *Father's Occupation* A Laborer
10. *Father's Birthplace* Balto md

*Name of Medical Attendant, or other Person who makes this Return.* Charlott Goodbars

*Address* No. 85. Moores Alley Balt md

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20057

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** August 16th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 15th 1877
4. *Place of Birth (Street and Number)* 132 Bond St
5. *Full Name of Mother* Louisa Neus
6. *Mother's Maiden Name* Louisa Wolfe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Neus
9. *Father's Occupation* Clerk
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this return Mrs Mary Amend

*Address* No 137 Wolfe St

*Remarks* A

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20057

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* 15 August 1877

*4. Place of Birth (Street and Number)* 56 East Baltimore Street

*5. Full Name of Mother* Mary Davis

*6. Mother's Maiden Name* Mary Bagadoff

*7. Mother's Birthplace* Melche County Va

*8. Full Name of Father* Charlie Davis

*9. Father's Occupation* Melche County Va

*10. Father's Birthplace* Lahor

*Name of Medical Attendant,* or other Person who makes this Return. Burnett

*Address* Williams

*Remarks* No 70 Second St

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20058

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Aug 15
4. *Place of Birth (Street and Number)* 96 Central av
5. *Full Name of Mother* Sophia myers
6. *Mother's Maiden Name* Sophia dorsey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard myers
9. *Father's Occupation* wood sawyer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lear Johnson

*Address* No 32 Short st

*Remarks* healthy child

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20059

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* aug 18
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* mary hughes
6. *Mother's Maiden Name* mary lee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* james hughes
9. *Father's Occupation* driver des carrage
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Miss Lewis Johnson

*Address* [illegible] 33 [illegible] st

*Remarks* healthy child

# RETURN OF A BIRTH.

20060

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 15th August 1877 |
| *4. Place of Birth (Street and Number)* | 168 Dallas St. |
| *5. Full Name of Mother* | Emma Jane Collins Graham |
| *6. Mother's Maiden Name* | Emma J. Collins. |
| *7. Mother's Birthplace* | Baltimore City. |
| *8. Full Name of Father* | Joseph Graham |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Baltimore City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Walker |
| *Address* | 125 N. Caroline St. |
| *Remarks* | |

within six days thereafter, stating, distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20061

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 15th of ~~Aug~~ 1877.

*4. Place of Birth (Street and Number)* 42 Millimont St.

*5. Full Name of Mother* Johanna. ~~Hat~~ Courtney.

*6. Mother's Maiden Name* Johanna. Hatton.

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* John Courtney

*9. Father's Occupation* Horse Shoe Finisher

*10. Father's Birthplace* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return. Mary Walter

*Address* 125 N. Caroline St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20062

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Aug 15th 1877
4. Place of Birth (Street and Number) 340 S Bond st
5. Full Name of Mother Elizabeth Holland
6. Mother's Maiden Name " Rahnes
7. Mother's Birthplace City
8. Full Name of Father Herman Holland
9. Father's Occupation Barber
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank st

Remarks

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20063

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) with
3. Date of Birth 15th August
4. Place of Birth (Street and Number) Portland Str 41.
5. Full Name of Mother Anna Pallhon
6. Mother's Maiden Name Anna Döring
7. Mother's Birthplace Mühlhausen in Thüringen Preussen
8. Full Name of Father Wilhelm Pallhon
9. Father's Occupation Baker
10. Father's Birthplace Züttichau Reg. Bez. Frankfurt a/o Preussen

Name of Medical Attendant, or other Person who makes this Return. A. Gerstenberger

Address Portland Str d 69

Remarks

20064

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | White Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 15. 1877. |
| *4. Place of Birth (Street and Number)* | Boy n. Eden St. |
| *5. Full Name of Mother* | Ella Jane Reiff |
| *6. Mother's Maiden Name* | Ella Jane Slingluff. |
| *7. Mother's Birthplace* | Pennsylvania |
| *8. Full Name of Father* | David A. Reiff. |
| *9. Father's Occupation* | Railroad Conductor. |
| *10. Father's Birthplace* | Pennsylvania. |
| *Name of Medical Attendant, or other Person who makes this Return.* | L. N. Hosick M.D. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

**within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

20065

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
30
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | August 15. 1877 |
| *4. Place of Birth (Street and Number)* | 423 E. Baltimore St. |
| *5. Full Name of Mother* | Laura Ann Smith. |
| *6. Mother's Maiden Name* | Laura Ann Llewellyn. |
| *7. Mother's Birthplace* | Maryland. |
| *8. Full Name of Father* | William J. Smith. |
| *9. Father's Occupation* | Bank Clerk. |
| *10. Father's Birthplace* | Maryland. |
| *Name of Med.cal Attendant, or other Person who makes this Return.* | S. N. Hockett M.D. |
| *Address* | 75 E. Baltimore St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20066

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 15 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th of August 1877
4. *Place of Birth (Street and Number)* 4 South Wolfe St
5. *Full Name of Mother* Madile Rosenbauer
6. *Mother's Maiden Name* Madile Hengenmulpe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Hengenmulhe
9. *Father's Occupation* Paper Hinger
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Cresentia Kunkel

*Address* 11 North Chappel St p John Kunkel

*Remarks* Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

~~200 57½~~
200 67.

HEALTH DEPARTM
AUG 16 1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Aug 15th 1877

*4. Place of Birth (Street and Number)* n Caroline St 44

*5. Full Name of Mother* Susan Ellen Miller

*6. Mother's Maiden Name* Susan Ellen Martin

*7. Mother's Birthplace* Talbot Co Md.

*8. Full Name of Father* Thomas Miller

*9 Father's Occupation* Segar Maker

*10. Father's Birthplace* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. E. C. Baldwin M. D

*Address* 124 n Exeter St

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

20067 W

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** argyre

HEALTH DEPARTMENT AUG 16 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | marthy Fleser |
| *1. Sex (state whether Male or Female)* | Female bart born |
| *2. Race or Color (if not of the white race)* | of color |
| *3. Date of Birth* | |
| *4. Place of Birth (Street and Number)* | born in Baltimore |
| *5. Full Name of Mother* | dont no more full name |
| *6. Mother's Maiden Name* | William carp |
| *7. Mother's Birthplace* | Work in the Brick Yard |
| *8. Full Name of Father* | born in Baltimore |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Angline Wilson |
| *Address* | |
| *Remarks* | 373 Cross St |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20068

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 17 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | First |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | Colᵈ |
| *3. Date of Birth* | Aug. 15th 1877 |
| *4. Place of Birth* (Street and Number) | 341 N. Howard St. |
| *5. Full Name of Mother* | Annie Thomas |
| *6. Mother's Maiden Name* | Mathews |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Chas. G. Thomas |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Gilmore |
| *Address* | |
| *Remarks* | |

City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 1-20-56

20069

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

**BALTIMORE CITY.**

Mamie Schneider

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth August 15th 1877.
4. Place of Birth (Street and Number) 134 Druidhill ave.
5. Full Name of Mother Fanny Schneider
6. Mother's Maiden Name F. Bielhauer
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Schneider
9. Father's Occupation Milk Dealer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Sophia Wenzel

Address 56 Rose Street

Remarks

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20070

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 15th 1877
4. Place of Birth (Street and Number) No 134 Barre st
5. Full Name of Mother Louisa Rose Davidson
6. Mother's Maiden Name Louisa Rose Mardaga
7. Mother's Birthplace Germany
8. Full Name of Father Samuel Davidson
9. Father's Occupation House Painter
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Streng

Address Mrs M Streng

Remarks No 32 Leadenhal Street

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20071

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 1st 1877

*4. Place of Birth (Street and Number)* No 113 Jefferson ~~Son~~ St.

*5. Full Name of Mother* Elen Tearly

*6. Mother's Maiden Name* Elen Musick

*7. Mother's Birthplace* Philadelphia

*8. Full Name of Father* A. Tearly

*9. Father's Occupation* Painter

*10. Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No 181. N. Centre Av. 3 doors S. of Monument

*Remarks* All Well.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20072

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* Male - 2ds 1?

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 15th 7 4½ A M.
4. *Place of Birth (Street and Number)* 445 E. Lombard
5. *Full Name of Mother* Mary Catharine Solter
6. *Mother's Maiden Name* Mary Catharine Colbert
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* George Lewis Solter
9. *Father's Occupation* Boy Manufacturer
10. *Father's Birthplace* Balt City

*Name of Medical Attendant,* or other Person who makes this Return. Jos. E Donnelle M.D.

*Address* 299 E Balto Street.

*Remarks*

20073

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 23 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* August the 15. 1877

*4. Place of Birth (Street and Number)* No 17 South Mount St Baltimore Md

*5. Full Name of Mother* Susanah Murray

*6. Mother's Maiden Name* Susanah Bien

*7. Mother's Birthplace* York Pa.

*8. Full Name of Father* James E. Murray

*9. Father's Occupation* Machinist

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mr Lindner

*Address* No. 45 Monroe St. Baltimore

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

200714

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 23 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* /

*3. Date of Birth* 15th July 1877

*4. Place of Birth (Street and Number)* 64 Market Space

*5. Full Name of Mother* Mary ~~Landrigan~~ Landrigan

*6. Mother's Maiden Name* O'Neal

*7. Mother's Birthplace* Baltimore County

*8. Full Name of Father* Michael Landrigan

*9. Father's Occupation* Store Keeper

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Gertraud Miller

*Address* 151 E. Pratt St.

*Remarks* /

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20075.

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) colored

3. *Date of Birth* ten o'clock morning 15 10 77

4. *Place of Birth* (Street and Number) 51 South Dallas Street

5. *Full Name of Mother* Eliza ann black

6. *Mother's Maiden Name* Eliza ann Linder

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* John W. black

9. *Father's Occupation* Brick yard

10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* No 51 South Dallas Street

*Remarks* Class A. Chaplin

arrive at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

20075 1/2

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Kind

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 15ten August 1877
4. Place of Birth (Street and Number) 57 Ochet Strit
5. Full Name of Mother Anna Eisenman
6. Mother's Maiden Name Anna Wolf
7. Mother's Birthplace in Baltimore
8. Full Name of Father Johan Eisenman
9. Father's Occupation Thiner
10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hebamme Theresia Engeldinger

Address No 14 Junin Strit.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20076

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) Seventh

*1. Sex* (*state whether Male or Female*) Female

*2. Race or Color* (*if not of the white race*) White

*3. Date of Birth* Aug 15 "

*4. Place of Birth* (*Street and Number*) 258 Light St

*5. Full Name of Mother* Catharine A Rusk

*6. Mother's Maiden Name* " Della

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Louis C Rusk

*9. Father's Occupation* Steam Engineer

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Miss Conway

*Address*

*Remarks*

20077

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 Aug 1877
4. *Place of Birth (Street and Number)* 278 Broadway
5. *Full Name of Mother* Henry [illegible] Cole
6. *Mother's Maiden Name* [illegible] Grapes
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* Samuel Cole
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this return [illegible]

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20078

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth August 15th
4. Place of Birth (Street and Number) N. E. cor George & Bruce ro
5. Full Name of Mother Mary Elizabeth Thiemyer
6. Mother's Maiden Name — Ober
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frederick Louis Thiemyer
9. Father's Occupation Box Maker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mr Anne Mesenzehl

Address 220 Preston

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20079

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* X

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* 15th Aug. 1877
4. *Place of Birth (Street and Number)* X 32 Spring St.
5. *Full Name of Mother* Carolina Heidler
6. *Mother's Maiden Name* [illegible] Kirkett
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Heidler
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return [illegible] Casper for [illegible]

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20080

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 16, 77.
4. Place of Birth (Street and Number) 177 N Fremont
5. Full Name of Mother Catherine E Blaney
6. Mother's Maiden Name Dorner
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Harry C Blaney
9. Father's Occupation Bricklayer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. L M Gastman

Address 349 [illegible]

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20081

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 18 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1 d.

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 16th 1877

*4. Place of Birth (Street and Number)* 180 Orleans Ave

*5. Full Name of Mother* Luise Scheiter

*6. Mother's Maiden Name* L Miasi

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Jakob Schneiter

*9. Father's Occupation* Hans Kabenter

*10. Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return. Marie R. Rudiger

*Address* 134 N. Bondstrd

*Remarks*

20082

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3tes Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 16ten August
4. *Place of Birth (Street and Number)* 152. Eastern Av
5. *Full Name of Mother* Louise Müller
6. *Mother's Maiden Name* Louise Gerner
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Henry Müller
9. *Father's Occupation* Lutscher
10. *Father's Birthplace* Deutschland

*Name of Medical Attendant,* or other Person who makes this return Friederike Kaufmann

*Address* No 178 Corner of Dallas und Eastern Av

*Remarks* Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20083

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Wht
3. *Date of Birth* 16 Aug 1877
4. *Place of Birth* (Street and Number) 648 Madison ave.
5. *Full Name of Mother* Susannah A Stephens
6. *Mother's Maiden Name* " " Lee
7. *Mother's Birthplace* Md
8. *Full Name of Father* G. Lewis Stephens
9. *Father's Occupation* Engineer of R.R.
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. G Lane Taneyhill

*Address* 129 N Eutaw

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20084

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 17 1877 BALTIMORE.

*No. of Child of Mother,* (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth* Aug 16th
4. *Place of Birth (Street and Number)* 51 N. Frederick
5. *Full Name of Mother* Estella Wilson
6. *Mother's Maiden Name* " Johnson
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Clay Wilson
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. A Lloyd Thetzer Md.

*Address* 11 S. High St

*Remarks*

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20085

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 White

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth aug 16 1877
4. Place of Birth (Street and Number) S. Eutw St No. 90
5. Full Name of Mother Mary Thompson
6. Mother's Maiden Name O. Brain
7. Mother's Birthplace Louisville K.Y.
8. Full Name of Father Wm E Thompson
9. Father's Occupation Laber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan E Armstrong

Address Cooney St 109 Baltimore M.D.

Remarks No

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20086

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
29
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 16th 1877 |
| *4. Place of Birth (Street and Number)* | Calverton road |
| *5. Full Name of Mother* | Johanna Voelker |
| *6. Mother's Maiden Name* | J. Beinhorn |
| *7. Mother's Birthplace* | Nassau Germany |
| *8. Full Name of Father* | Ferdinand Voelker |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Nassau Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20087

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Femal

2. Race or Color (if not of the white race) White

3. Date of Birth August 16th 1877

4. Place of Birth (Street and Number) Mary Elizabeth Wunder

5. Full Name of Mother Bakers Court No. 12

6. Mother's Maiden Name Mary Elizabeth Bolte

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John M. Wunder

9. Father's Occupation Tailor

10. Father's Birthplace Hesshen Germany

Name of Medical Attendant, or other Person who makes this Return. Eliza Fahlenkamp

Address No 569 West Lombard St

Remarks Going well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20088

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 27 1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 16 th 1877
4. *Place of Birth* (Street and Number) No 26 Dover St
5. *Full Name of Mother* Anni Shubrick
6. *Mother's Maiden Name* Anni Utz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Shubrik
9. *Father's Occupation* Brikmaeker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. E Sinclair

*Address* No 59 Fredrik av

*Remarks*

advise at the office of the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

20089

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 4 th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 16th |
| *4. Place of Birth (Street and Number)* | 110 S Eutaw St |
| *5. Full Name of Mother* | Elizabeth Snider |
| *6. Mother's Maiden Name* | Hanibach |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Louis Snyder |
| *9. Father's Occupation* | Saylor |
| *10. Father's Birthplace* | Prussia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Morris Krotz |
| *Address* | 328 S Eutaw St. |
| *Remarks* | |

*...y of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

20090

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 1

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Aug 16th

*4. Place of Birth (Street and Number)* 107 Conway St

*5. Full Name of Mother* Margareth Lürssen

*6. Mother's Maiden Name* Zeamers

*7. Mother's Birthplace* Balto

*8. Full Name of Father* Charles Lürssen

*9. Father's Occupation* Tobacco manufacturer

*10. Father's Birthplace* Bremen

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kroh

*Address* 328 S Outaw St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20091

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 18th 1877
4. *Place of Birth (Street and Number)* Baltimore Parkin st No. 104
5. *Full Name of Mother* Carrie Hartlove
6. *Mother's Maiden Name* Carrie Mines
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. Hartlove
9. *Father's Occupation* Can maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Mrs. C. Mitchell

*Address* No. 122 Parkin st

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20092

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | M |
| *2. Race or Color (if not of the white race)* | W |
| *3. Date of Birth* | Aug 16 1877 |
| *4. Place of Birth (Street and Number)* | Park Av |
| *5. Full Name of Mother* | Adele Orndorf |
| *6. Mother's Maiden Name* | Merrill |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Jos C Orndorf |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Richard McSherry Md |
| *Address* | 189 N Howard St |
| *Remarks* | |

# RETURN OF A BIRTH.

20093

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 16th Aug 1877
4. *Place of Birth (Street and Number)* 5 Washington Pl.
5. *Full Name of Mother* Mary Ann Bushman
6. *Mother's Maiden Name* Nicer
7. *Mother's Birthplace* Garland
8. *Full Name of Father* John Bushman
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Chas. Carpenter

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20094

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* August 16th 1877

4. *Place of Birth (Street and Number)* 53 Eloy st

5. *Full Name of Mother* Mary Johnston

6. *Mother's Maiden Name* Mc Elroy

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Patrick Johnston

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Bro Anne Bresnahl

*Address* 220 Preston st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20095

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th Child

*1. Sex (state whether Male or Female)* A J Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 16th of August 1877

*4. Place of Birth (Street and Number)* 474 East Fayette St

*5. Full Name of Mother* Sina Lach

*6. Mother's Maiden Name* Sina Wallbilig

*7. Mother's Birthplace* Germany Labor man

*8. Full Name of Father* William Wallbilig

*9. Father's Occupation* Labor man

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* North Chappel St for John Kunkel

*Remarks* Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20096

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 3 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | August 17. 1877. |
| *4. Place of Birth (Street and Number)* | 377 N. Washington St. |
| *5. Full Name of Mother* | Virginia Hunter. |
| *6. Mother's Maiden Name* | Hopper. |
| *7. Mother's Birthplace* | Baltimore, Md. |
| *8. Full Name of Father* | George Hunter |
| *9. Father's Occupation* | Cigar Maker. |
| *10. Father's Birthplace* | Baltimore, Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | L. C. Gordon, M.D. |
| *Address* | 311 N. Broadway. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20097

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP
1
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 17th 1877 |
| *4. Place of Birth (Street and Number)* | 268 Baltimore |
| *5. Full Name of Mother* | Mary C. Rollins |
| *6. Mother's Maiden Name* | Mary C. Keels |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jno J Rollins |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cotton |
| *Address* | |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20098

# RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 11 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7d.

*1. Sex (state whether Male or Female)* Männlich

*2. Race or Color (if not of the white race)* weiß.

*3. Date of Birth* d. 17. Sept. 1877.

*4. Place of Birth (Street and Number)* Carolina Straße 207.

*5. Full Name of Mother* Maria Keller.

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Jasper Rössler

*9. Father's Occupation* Zuckerbäcker.

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Anna Simmen.

*Address* Lund Straße 263.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20099

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 17th 1877
4. Place of Birth (Street and Number) 193 Barney St
5. Full Name of Mother Emma Maxwell
6. Mother's Maiden Name Gilbert
7. Mother's Birthplace Baltimore City
8. Full Name of Father Saml Maxwell
9. Father's Occupation Comprotter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 2 H St Bank Pt

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20100

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c) one 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth 17/8/77 Tuesday
4. Place of Birth (Street and Number) 174 Millcomaley
5. Full Name of Mother Annie Bowers
6. Mother's Maiden Name Annie Johnson
7. Mother's Birthplace Calvert County Md
8. Full Name of Father Isaac Bowers
9. Father's Occupation White Washer
10. Father's Birthplace Kentisland Md

Name of Medical Attendant, or other Person who makes this Return. ~~[illegible]~~ Fannie granby

Address leding hall street

Remarks No 75

# RETURN OF A BIRTH.

20701

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 29 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First 1st |
| *1. Sex (state whether Male or ~~Female~~)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 17, 1877 |
| *4. Place of Birth (Street and Number)* | No. 83 North Washington St. |
| *5. Full Name of Mother* | Mrs. Annie Melissa Hall |
| *6. Mother's Maiden Name* | Miss A. M. Adams |
| *7. Mother's Birthplace* | Caroline County, Md. |
| *8. Full Name of Father* | Mr. William H. Hall |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | North Carolina |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm H. Clendinen |
| *Address* | No 102 N. Broadway |
| *Remarks* | |

*City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

1

20102

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 27 1877. |
| *4. Place of Birth (Street and Number)* | 154 East Street |
| *5. Full Name of Mother* | Emma Bebee |
| *6. Mother's Maiden Name* | E. Weisforth |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Henry Bebee |
| *9. Father's Occupation* | Collector |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 East St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20103

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 17 1877
4. *Place of Birth (Street and Number)* No 254 Montgomery St
5. *Full Name of Mother* Margget — Doyle
6. *Mother's Maiden Name* Margget Mullans
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Doyle
9. *Father's Occupation* Laber
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* [illegible]

*Remarks* No 254 Lauderdale Street

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20104

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8. th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 17. 1877

*4. Place of Birth (Street and Number)* No 60. N. Durham St.

*5. Full Name of Mother* Emma Beimly.

*6. Mother's Maiden Name* Emma Eck

*7. Mother's Birthplace* Baltimore Md.

*8. Full Name of Father* John Beimly

*9. Father's Occupation* Cigar maker.

*10. Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No 181. N. Central ave 3 doors S. of Monument St.

*Remarks* A.C. will

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

# RETURN OF A BIRTH. 20105

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
25
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | First live born |
| *1, Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | 17th August 1877 |
| *4. Place of Birth* (Street and Number) | 406 E. Baltimore St |
| *5. Full Name of Mother* | Anna Rowe Pleasants |
| *6. Mother's Maiden Name* | " " Irons |
| *7. Mother's Birthplace* | Balto. City |
| *8. Full Name of Father* | Samuel Smoot Pleasants |
| *9. Father's Occupation* | Lawyer |
| *10. Father's Birthplace* | Washington D.C. |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. P. Irons M.D. |
| *Address* | 406 E. Balto. St. |
| *Remarks* | Full name of child — Honora E. Pleasants |

I have at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20106

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 3d

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Aug 17d

*4. Place of Birth (Street and Number)* 161 Pratt St

*5. Full Name of Mother* Henriette Gunderberger

*6. Mother's Maiden Name* Schmidt

*7. Mother's Birthplace* Hessendarmstadt

*8. Full Name of Father* George Lindenberger

*9. Father's Occupation* Kurhiesen

*10. Father's Birthplace* Taylor

*Name of Medical Attendant,* or other Person who makes this Return. Mary Krohn

*Address* 328 S Eutaw St

*Remarks*

Over

20107

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

Name: Harry E. Brown

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4th Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | August 17th 1877 |
| 4. Place of Birth (Street and Number) | No 45 East Eager st |
| 5. Full Name of Mother | Laura (~~Sara~~) H Brown |
| 6. Mother's Maiden Name | " (~~Sara~~) Conoff |
| 7. Mother's Birthplace | Balto County M D |
| 8. Full Name of Father | Jesse H Brown |
| 9. Father's Occupation | Blacksmith |
| 10. Father's Birthplace | Howard County M D |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs Wooden |
| Address | 34 Asquith St. |
| Remarks | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20108

To the Office of Registrar of Vital Statistics, Board of Health,
***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | Aug. 11th 1877 |
| 4. *Place of Birth (Street and Number)* | Baltimore Pratt st No. 101 |
| 5. *Full Name of Mother* | Henrietta Crochet |
| 6. *Mother's Maiden Name* | Henrietta Kilpatrick |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | James Crochet |
| 9. *Father's Occupation* | Conductor |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Wm. G. Mitchell |
| *Address* | No. 123 Pratt st |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 20109

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 17th 1877
4. *Place of Birth* (Street and Number) 160 Chesapeake Canton
5. *Full Name of Mother* Marie J Cruber
6. *Mother's Maiden Name* M. J Cass
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Huber
9. *Father's Occupation* Milk maker
10. *Father's Birthplace* Germany

*Name of Medical Attendant*, or other Person who makes this Return. Marie R. Rudiger

*Address* 134 S. Bond Street

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20190

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | August 17th 1877 |
| *4. Place of Birth (Street and Number)* | No 8 Norris St. |
| *5. Full Name of Mother* | Mary Catharine Happ |
| *6. Mother's Maiden Name* | Mary Catharine Smith |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Israel Happ |
| *9. Father's Occupation* | Potter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Jane Winnebeger |
| *Address* | No 23 N. Liberty St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20111

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
21
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug. 17th. 1877 |
| *4. Place of Birth (Street and Number)* | 310 Townsend St. |
| *5. Full Name of Mother* | Clara E. Forrester |
| *6. Mother's Maiden Name* | Clara Emmart |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | George Forrester |
| *9. Father's Occupation* | Carpenter |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | A. Griffith M.D. |
| *Address* | 175 N. Stricker St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20112

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 1 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth chd

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (~~if not of~~ the white race)
3. Date of Birth Aug 18 1877
4. Place of Birth (Street and Number) N. bb. Maryland Avenue
5. Full Name of Mother Susan Young
6. Mother's Maiden Name Susan Halifax
7. Mother's Birthplace Pa
8. Full Name of Father Edwin S Young
9. Father's Occupation Secretary
10. Father's Birthplace Pa

Name of Medical Attendant, or other Person who makes this Return. H Pattison M D

Address 23 Franklin

Remarks

# RETURN OF A BIRTH.

20113

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 18 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) (Twins) 6 & 7 th.

1. *Sex* (state whether Male or Female) Males.
2. *Race or Color* (if not of the white race)
3. *Date of Birth* August the 18th
4. *Place of Birth* (Street and Number) 67 W. Fayette St.
5. *Full Name of Mother* Emilie Mommsthy
6. *Mother's Maiden Name* Emilie Mohring
7. *Mother's Birthplace* Gomany
8. *Full Name of Father* Bruno Mommsthy
9. *Father's Occupation* Hotel proprietor
10. *Father's Birthplace* Magdeburg Gomany

*Name of Medical Attendant*, or other Person who makes this Return. Mrs: Fischer

*Address* N: 33 d. Howard St.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20114

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 20 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 child
*1. Sex (state whether Male or Female)* male
*2. Race or Color (if not of the white race)* white
*3. Date of Birth* august 18 1877
*4. Place of Birth (Street and Number)* 43 cambridge st
*5. Full Name of Mother* maggie garrett
*6. Mother's Maiden Name* maggie donnevill
*7. Mother's Birthplace* baltimore city
*8. Full Name of Father* james henry garrett
*9. Father's Occupation* butcher
*10. Father's Birthplace* baltimore city
*Name of Medical Attendant,* or other Person who makes this Return. Rachel ann garrett
*Address* 433 alice anna st
*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20115

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 20 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* August 18th 1877

*4. Place of Birth (Street and Number)* 565 N. Gay St

*5. Full Name of Mother* Sarah E. Sutherland

*6. Mother's Maiden Name* Sarah E. Taylor

*7. Mother's Birthplace* Balto. Md.

*8. Full Name of Father* Jno F. Sutherland

*9. Father's Occupation* Painter

*10. Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Allwell

*Address* 286 McDonogh St

*Remarks* Still Born

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20116

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Aug 18th 1877
4. Place of Birth (Street and Number) 269 S Dallas st
5. Full Name of Mother Maggeretha Kinley
6. Mother's Maiden Name Fester
7. Mother's Birthplace Germany
8. Full Name of Father George Kinsley
9. Father's Occupation Watchman
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Banks st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20117

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored [Nigger]
3. Date of Birth Aug 18th 1877
4. Place of Birth (Street and Number) 206 S Durham str
5. Full Name of Mother Mary Buege
6. Mother's Maiden Name " Bahs
7. Mother's Birthplace City
8. Full Name of Father Henry Buege
9. Father's Occupation Brickyard
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank str

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20118.

HEALTH DEPARTMENT
AUG
30
1877
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 2d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Aug 18th 1877

4. *Place of Birth (Street and Number)* 80 Bush st.

5. *Full Name of Mother* Caroline Hess

6. *Mother's Maiden Name* Kaufmann

7. *Mother's Birthplace* City

8. *Full Name of Father* George Hess

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabetta Buschmann

*Address* 120 Bank st

*Remarks*

*The City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

20119

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG. 28. 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 18th 1877
4. *Place of Birth (Street and Number)* 163 W. Lombard St (Maternité)
5. *Full Name of Mother* Mrs. Mary Elizabeth Engles
6. *Mother's Maiden Name* " " Boreel
7. *Mother's Birthplace* Dorchester Co " Md.
8. *Full Name of Father* Samuel Engles
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Wm Gombel M.D.

*Address* R. 163 W. Lombard St,

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20120

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 18th 1877 |
| *4. Place of Birth (Street and Number)* | 55. Union St. |
| *5. Full Name of Mother* | Elisa Schüler |
| *6. Mother's Maiden Name* | E. Ering |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Phil. Schüler |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Russia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenst |
| *Address* | 56 Pearl St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20121.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
29
1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 18th 1877 |
| *4. Place of Birth (Street and Number)* | 496 W. Pratt Street |
| *5. Full Name of Mother* | Catharina Wimman |
| *6. Mother's Maiden Name* | C. Hildenburg |
| *7. Mother's Birthplace* | Hessen Germany |
| *8. Full Name of Father* | Andreas Wimmann |
| *9. Father's Occupation* | Brewer |
| *10. Father's Birthplace* | Wurtenburg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sophia Wenzel |
| *Address* | 56 Pearl Street |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20122.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG
27
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 th. Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August the 18 th. |
| *4. Place of Birth (Street and Number)* | Locust Point No 7 Cubia st |
| *5. Full Name of Mother* | Mary McGuire |
| *6. Mother's Maiden Name* | Mary fitzgerld |
| *7. Mother's Birthplace* | Irelund |
| *8. Full Name of Father* | Michael McGuire |
| *9. Father's Occupation* | Resturant keeper |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Seated |
| *Address* | No 7 Cubia st Locust Point Baltimore |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20123

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4. N

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 18. 1877

*4. Place of Birth (Street and Number)* No 42. Hill St. near Charles

*5. Full Name of Mother* Mary Dockman

*6. Mother's Maiden Name* Mary Sanders.

*7. Mother's Birthplace* Baltimore.

*8. Full Name of Father* H. Dockman.

*9. Father's Occupation* Wholesale Grocery

*10. Father's Birthplace* Oldenburge Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt

*Address* No 181. N. Central avenue 2. doors Monument

*Remarks* All Well.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20124

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Tenth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | August 18th 1877 |
| *4. Place of Birth (Street and Number)* | No 44 Camel alley |
| *5. Full Name of Mother* | Mary [redacted]son |
| *6. Mother's Maiden Name* | Mary [redacted] |
| *7. Mother's Birthplace* | Odmbridge Md |
| *8. Full Name of Father* | Basil Hynson |
| *9. Father's Occupation* | White Washer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Jane Winnebrayer |
| *Address* | 23 N. Liberty St. |
| *Remarks* | |

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH.

20125

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 October 1877
4. Place of Birth (Street and Number) 337 Eastern Av
5. Full Name of Mother Sophia Cooksey
6. Mother's Maiden Name Sophia Rater
7. Mother's Birthplace Germany
8. Full Name of Father John R Cooksey
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs El Fray

Address 193 So Chester St

Remarks Healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20126

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ~~Dotter~~ White
3. Date of Birth 18 Aug
4. Place of Birth (Street and Number) 164 Cross
5. Full Name of Mother Emilia Knickman
6. Mother's Maiden Name Hunt
7. Mother's Birthplace Balto
8. Full Name of Father John Knickman
9. Father's Occupation Sinner
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mary Krohn

Address 328 S Eutaw St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20127

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 les Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 18. 1877
4. *Place of Birth (Street and Number)* N. Gay St. No 464.
5. *Full Name of Mother* Anna Pressaneck
6. *Mother's Maiden Name* Anna Vines
7. *Mother's Birthplace* Kaukum. K. K. Oestreich. Europa
8. *Full Name of Father* Charles Pressaneck.
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Janavite K. K. Oestreich Europa

*Name of Medical Attendant, or other Person who makes this return* Harry E. Miller

*Address* ~~Harry E. Miller~~ N. Dallas St. No, 26.

*Remarks*

**within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20128

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 28 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Girl

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 10 August 1877

*4. Place of Birth (Street and Number)* 341 South Bond st

*5. Full Name of Mother* Susan Cummins

*6. Mother's Maiden Name* Susan Cullinan

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* John Cummins

*9. Father's Occupation* Tailor

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Louisa Smith

*Address* the name of the Child Mary Loine No Cummins

*Remarks*

The Child is healthy

20129

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** August [illegible] 1877

HEALTH DEPARTMENT AUG 2[illegible] 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 18th 1877
4. *Place of Birth (Street and Number)* 296 Dollar St
5. *Full Name of Mother* Meda Sauk
6. *Mother's Maiden Name* Meda Peter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Sam'l Sauk
9. *Father's Occupation* Sugar Refinery
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return [illegible] Mary Arend

*Address* No. [illegible] Wolfe St

*Remarks* [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20130

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* F

*2. Race or Color (if not of the white race)* W

*3. Date of Birth* Aug 18 1877 Saratoga St

*4. Place of Birth (Street and Number)*

*5. Full Name of Mother* Lilian Sprigg

*6. Mother's Maiden Name* " McGowan

*7. Mother's Birthplace* Balto

*8. Full Name of Father* S.D. Sprigg

*9. Father's Occupation* Clerk

*10. Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Richard McSherry MD

*Address* 189 N Howard St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20131

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Thu 16 August
4. *Place of Birth (Street and Number)* No 12 Monument St
5. *Full Name of Mother* Christena McCeskey
6. *Mother's Maiden Name* Beutler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James M McCeskey
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Thomas E Chrismer

*Address* No 23 Forrest Place

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

20132

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 August
4. *Place of Birth (Street and Number)* 26 Eager St
5. *Full Name of Mother* Sarah Arthur
6. *Mother's Maiden Name* Dorman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Arthur
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Ursula T Chrismer

*Address* No 23 Forrest Place

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20133

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* Aug 18th 1877
4. *Place of Birth (Street and Number)* 69 Albemarle Str
5. *Full Name of Mother* Mary Loon
6. *Mother's Maiden Name* Mary Reily
7. *Mother's Birthplace* United States
8. *Full Name of Father* John Loon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* United States

*Name of Medical Attendant,* or other Person who makes this return Sarah Casper

*Address* 528 Lombard St

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

201311

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Kinder

1. Sex (state whether Male or Female) Wechsel
2. Race or Color (if not of the white race) Weiß
3. Date of Birth den 18 August 1877
4. Place of Birth (Street and Number) 60 Mulberry Street
5. Full Name of Mother Margretha Jockel
6. Mother's Maiden Name Margretha Kuhn
7. Mother's Birthplace in Baltimore
8. Full Name of Father Alexander Jockel
9. Father's Occupation Schuhmacher
10. Father's Birthplace in Deutschland

Name of Medical Attendant, or other Person who makes this Return. Hebamme Theresia Eigeldinger

Address 20 14 Junin Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

2013 1/2

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

1

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August th 18th 1877 |
| 4. *Place of Birth (Street and Number)* | No 60 Mulberry St |
| 5. *Full Name of Mother* | Margeretha Jockel |
| 6. *Mother's Maiden Name* | " " Kühn |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Alexander Jockel |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Theresia Eigeldinger |
| *Address* | No 14 Union Street |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

20135

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

*1. Sex (state whether Male or Female)* A Ba

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* 18th August 1877

*4. Place of Birth (Street and Number)* 323 N West Orleans St

*5. Full Name of Mother* Ani Nelker

*6. Mother's Maiden Name* Ani Jeninger

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* Emil Jeninger

*9. Father's Occupation* Butcher

*10. Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 71 North Chappel St p John Kunkel

*Remarks* Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20136

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one Child one a mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* August the 18.18.77
4. *Place of Birth (Street and Number)* Chaffe St 142 Baltimore
5. *Full Name of Mother* Elizebeth Johnson
6. *Mother's Maiden Name* Elisebeth Bays
7. *Mother's Birthplace* Baltimore m d
8. *Full Name of Father* Isaac Johnson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Virginia

*Name of Medical Attendant, or other Person who makes this Return.* Lucinda Woolford

*Address* Baltimore Regester St 130

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20137

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 18th 1877
4. *Place of Birth (Street and Number)* 188 Division St
5. *Full Name of Mother* Mary Glascow Harlan
6. *Mother's Maiden Name* " " Archer
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* George S. Harlan
9. *Father's Occupation* Insurance Agent
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return O. L. Williams

*Address* 201 Madison Ave

*Remarks*

20138

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* ~~[illegible]~~ ~~Third~~ 6th

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* yellow

*3. Date of Birth* 28 of ~~[illegible]~~ august

*4. Place of Birth (Street and Number)* Raburg St

*5. Full Name of Mother* Cathrine Diggs

*6. Mother's Maiden Name* Cathrine Steward

*7. Mother's Birthplace* Franklin County Pennsylvania

*8. Full Name of Father* Charles Diggs

*9. Father's Occupation* Labouer

*10. Father's Birthplace* Franklin County Pa

*Name of Medical Attendant,* or other Person who makes this Return. Lydia Somerville

*Address* Clinton avenue No 13

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20139

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 18th 1877
4. *Place of Birth (Street and Number)* 128 N. Broadway
5. *Full Name of Mother* Mary Janet Barnes
6. *Mother's Maiden Name* " " Mitchell
7. *Mother's Birthplace* Penn.
8. *Full Name of ~~Father~~* Joshua Barnes Jr
9. *Father's Occupation* Guano Merchant
10. *Father's Birthplace* New York

*Name of Medical Attendant,* or other Person who makes this return — John Morris M.D.

*Address* 5 Franklin

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

20110

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 19th 1877.
4. *Place of Birth (Street and Number)* Bayard road.
5. *Full Name of Mother* Caroline Frederick.
6. *Mother's Maiden Name* Caroline Stahl.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* George Frederick.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Dena Hillquist.

*Address* No. 182. E. Monument St.

*Remarks*

*Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

20141

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 21 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 2d child |
| 1. Sex (state whether Male or Female) | male |
| 2. Race or Color (if not of the white race) | colored |
| 3. Date of Birth | august 19th |
| 4. Place of Birth (Street and Number) | no 38 hill st |
| 5. Full Name of Mother | Susan kempt |
| 6. Mother's Maiden Name | Susan fletcher |
| 7. Mother's Birthplace | dorchester county |
| 8. Full Name of Father | william kempt |
| 9. Father's Occupation | labour |
| 10. Father's Birthplace | Baltimore county |
| Name of Medical Attendant, or other Person who makes this Return. | mrs Lydia Porter |
| Address | no 4 paptsco avenue |
| Remarks | helthy child |

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20142

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug 19th 1877
4. Place of Birth (Street and Number) No 520 Canton Ave
5. Full Name of Mother Elizabeth Krebbel
6. Mother's Maiden Name Miller
7. Mother's Birthplace Germany
8. Full Name of Father John Krebbel
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank str

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20143

HEALTH DEPARTMENT
AUG 27 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Nite |
| *3. Date of Birth* | 19th of August 1877 |
| *4. Place of Birth (Street and Number)* | N° 73 Cooksey Locust Point |
| *5. Full Name of Mother* | Mary McDonald |
| *6. Mother's Maiden Name* | Mary Heart |
| *7. Mother's Birthplace* | Born in Irland |
| *8. Full Name of Father* | Michael McDonald |
| *9. Father's Occupation* | Laboring man |
| *10. Father's Birthplace* | Born in Irland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Heatel |
| *Address* | 73 Cooksey street Locust Point Baltimore |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

201444

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 "

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* ~~White~~ Color

*3. Date of Birth* 14th of Aug 1877

*4. Place of Birth (Street and Number)* 18 East St.

*5. Full Name of Mother* Rosa Bryan

*6. Mother's Maiden Name* Rosa Hary

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* Louis C. Bryan

*9. Father's Occupation* Labor.

*10. Father's Birthplace* North Carolina

*Name of Medical Attendant,* or other Person who makes this Return. Gary Walter

*Address* 125 N. Caroline St.

*Remarks*

...ervise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20145

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 5

1. *Sex (state whether Male or Female)* Male healthy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 19 of August 1877
4. *Place of Birth (Street and Number)* No. Mc Henry St.
5. *Full Name of Mother* Anna ~~Aurich~~ Rihl
6. *Mother's Maiden Name* A. Aurich
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* Joseph Rihl
9. *Father's Occupation* Cooper
10. *Father's Birthplace* born in the City of Balto.

*Name of Medical Attendant,* or other Person who makes this Return. Miss Hiller

*Address* No. 57 Smalwood St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20146

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 19 Nineteenth of August |
| *4. Place of Birth (Street and Number)* | 751 Lombart west |
| *5. Full Name of Mother* | Mary Agnes Blum |
| *6. Mother's Maiden Name* | " " Schnaes |
| *7. Mother's Birthplace* Baltimore | George Blum |
| *8. Full Name of Father* | " Blum |
| *9. Father's Occupation* | Cigarmaker |
| *10. Father's Birthplace* | Catonsville |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Linder |
| *Address* | Apt 5 Monroe Str. |
| *Remarks* | |

...the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20147

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colord |
| *3. Date of Birth* | Aug 19. 1877 |
| *4. Place of Birth (Street and Number)* | howard St 241 |
| *5. Full Name of Mother* | lawinenr Coles |
| *6. Mother's Maiden Name* | hears |
| *7. Mother's Birthplace* | eatton md |
| *8. Full Name of Father* | henry Coles |
| *9. Father's Occupation* | to Bo Co ness |
| *10. Father's Birthplace* | danville v A |
| *Name of Medical Attendant,* or other Person who makes this Return. | el en St [illegible] Be |
| *Address* | 42 Sharp St |
| *Remarks* | eling St [illegible] Be |
| | 42 Sharp St |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20148

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 19th 1877
4. Place of Birth (Street and Number) 80 Elbow Lane
5. Full Name of Mother Annie Jackson
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father not Known
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 71 Burgund Alley

Remarks

# RETURN OF A BIRTH.

20119

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6. Children |
| *1. Sex (state whether Male or Female)* | 3. Males and 3. Females |
| *2. Race or Color (if not of the white race)* | Color White |
| *3. Date of Birth* | August 19th 1877 |
| *4. Place of Birth (Street and Number)* | No 16 Mc Cubbin St Baltimore |
| *5. Full Name of Mother* | Amelie H. Merrick |
| *6. Mother's Maiden Name* | Amelie H Howard |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Jesse W. Merrick |
| *9. Father's Occupation* | Boot and Shoemaker |
| *10. Father's Birthplace* | Talbot Co. Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary A. Haywood |
| *Address* | 109 N. Chester Street |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20150

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 19th 1877
4. Place of Birth (Street and Number) 58 Brune St
5. Full Name of Mother Sarah Elizabeth Gosnell
6. Mother's Maiden Name Conaway
7. Mother's Birthplace Baltimore City
8. Full Name of Father Geo. Henry Gosnell
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. H. H. Christian M.D.

Address 431 Penna. Ave.

Remarks

...ivise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20151

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | Aug 17 1877 |
| 4. *Place of Birth (Street and Number)* | 22 E Lombard St |
| 5. *Full Name of Mother* | Mary Delay |
| 6. *Mother's Maiden Name* | Mary McDonald |
| 7. *Mother's Birthplace* | United States |
| 8. *Full Name of Father* | Patrick Delay |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace* | United States |
| *Name of Medical Attendant, or other Person who makes this return* | Jacob Lasker |
| *Address* | 22 Lombard St. |
| *Remarks* | |

**within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

20152

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 21 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) brown skin
3. Date of Birth 17th
4. Place of Birth (Street and Number) Harmony lane No 36
5. Full Name of Mother Cornealia Kirtis
6. Mother's Maiden Name Cornealia Parker
7. Mother's Birthplace baltimore
8. Full Name of Father James Kirtis
9. Father's Occupation Hodcarier
10. Father's Birthplace baltimore County

Name of Medical Attendant, or other Person who makes this Return. L Somerville

Address Clinton avenue No 13

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20153

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 21 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | One |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Nineteen of August |
| *4. Place of Birth (Street and Number)* | 443 W Pratt 21- |
| *5. Full Name of Mother* | Johanna McSweeny |
| *6. Mother's Maiden Name* | Johanna Hagan |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | Patrick McSweeny |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Kate Seebak |
| *Address* | 439 Pratt Street |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20154

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG. 21 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one
*1. Sex (state whether Male or Female)* female
*2. Race or Color (if not of the white race)* white
*3. Date of Birth* nineteen of August
*4. Place of Birth (Street and Number)* Columbia Ave
*5. Full Name of Mother* Catherine Elizabeth Wilson
*6. Mother's Maiden Name* Catherine Elizabeth Dunkley
*7. Mother's Birthplace* Northampton England
*8. Full Name of Father* James Wilson
*9. Father's Occupation* Shoemaker
*10. Father's Birthplace* Northampton England
*Name of Medical Attendant,* or other Person who makes this Return. Hale Leubach
*Address* 439 Pratt Street
*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20156

# RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 14 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 26th 1877
4. *Place of Birth* (Street and Number) No 418 McHenri St
5. *Full Name of Mother* Anni Southcom
6. *Mother's Maiden Name* Anni Nolen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Southcom
9. *Father's Occupation* Bottlermaker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs E Sinclair

*Address* No 59 Fredrick av

*Remarks*

**advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children**

20156

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 13 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 20th 1877
4. Place of Birth (Street and Number) N 111 Saratoga St
5. Full Name of Mother Norah Sullivan
6. Mother's Maiden Name Norah McVille
7. Mother's Birthplace County Galaway Ireland
8. Full Name of Father Daniel N Sullivan
9. Father's Occupation Plumber & Gas Fitter
10. Father's Birthplace County Kerry Ireland

Name of Medical Attendant, or other Person who makes this Return. J Chatary M.D

Address N 114 Park Av

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20157

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 20 August
4. *Place of Birth* (Street and Number) Foster Alley
5. *Full Name of Mother* Fanny Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Isaac Smith
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant*, or other Person who makes this Return. Lucy Tarnish

*Address*

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20158

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

SEP 18 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 20th 1877

4. *Place of Birth (Street and Number)* 115 N. Schroeder St.

5. *Full Name of Mother* Elizabeth Adams

6. *Mother's Maiden Name* " Wilson,

7. *Mother's Birthplace* Delaware.

8. *Full Name of Father* Charles E. Adams,

9. *Father's Occupation* Grocer

10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this return John Morris, M.D.

*Address* No. 5, Franklin St. Baltimore

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

To be given at the office of the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20159

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP 4 1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fifth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 20 August

4. *Place of Birth (Street and Number)* 1. Paint Lane,

5. *Full Name of Mother* Anna Hofman

6. *Mother's Maiden Name* " " Kutt.

7. *Mother's Birthplace* Neukirchen Germania

8. *Full Name of Father* Philip Hofman

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Neukirchen Germania

*Name of Medical Attendant,* or other Person who makes this Return. J. Konrad

*Address* 20 S. Bond St

*Remarks*

City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20160

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP
4
1877
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th August
4. *Place of Birth (Street and Number)* 22 Aisquith St
5. *Full Name of Mother* A Kucera
6. *Mother's Maiden Name* J. Roubal
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Jos. Kucera
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. J. Rowse

*Address* 20 Barnes St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20161

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male or~~ Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 20. 77.
4. Place of Birth (Street and Number) 34 Josephine St
5. Full Name of Mother Mary E. Robinson
6. Mother's Maiden Name Freeman
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Calvin Robinson
9. Father's Occupation Barber
10. Father's Birthplace South

Name of Medical Attendant, or other Person who makes this Return. Louis M Eastman

Address

Remarks

3 49 Lee

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20162

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE

*No. of Child of Mother* (state whether ~~1st, 2d, 3d,~~ &c.) Tenth

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 20th August 1877
4. *Place of Birth* (Street and Number) 99 Chester st.
5. *Full Name of Mother* Anna T. Clarke.
6. *Mother's Maiden Name* Anna S. Tyor.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* George W. Clarke.
9. *Father's Occupation* Mariner
10. *Father's Birthplace* England.

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Dashiell

*Address* 207 N. Broadway.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 201.

20163

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 4 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 20 1877
4. *Place of Birth (Street and Number)* Ost Prattstr No 296
5. *Full Name of Mother* Katharina Spahn
6. *Mother's Maiden Name* Katharina Merz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Spahn
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Mrs. J. Baupach

*Address* South Wolfstr No 28

*Remarks* Midwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 200.

# RETURN OF A BIRTH.

20164

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 4 te

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 20. 1877
4. *Place of Birth (Street and Number)* South Roestelstr No 36
5. *Full Name of Mother* Mary Stein
6. *Mother's Maiden Name* Mary Schulz
7. *Mother's Birthplace* Sumpfhaden Beiern
8. *Full Name of Father* Johann Stein
9. *Father's Occupation* Lebemann
10. *Father's Birthplace* Großhahn Beiern

*Name of Medical Attendant,* or other Person who makes this return Ms Johanna Raupach

*Address* South Wolfstr No 28

*Remarks* Midwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 202

20165

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 5 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 20. 1877
4. *Place of Birth (Street and Number)* S. Schappel str 131.
5. *Full Name of Mother* Morgaretha Luckert
6. *Mother's Maiden Name* Morgaretha Kuisler
7. *Mother's Birthplace* Brun Beiern
8. *Full Name of Father* Karl Luckert
9. *Father's Occupation* Guanoworker
10. *Father's Birthplace* Ober Leidleiter Beiern

*Name of Medical Attendant,* or other Person who makes this return Mrs Johanna Baupach

*Address* South Wolfstr No 28

*Remarks* Midwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20166

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

*1. Sex (state whether Male or Female)* female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 20th 1877

*4. Place of Birth (Street and Number)* No 46. Granby St.

*5. Full Name of Mother* Eva Stopplehaar.

*6. Mother's Maiden Name* Eva Lang

*7. Mother's Birthplace* Baltimore.

*8. Full Name of Father* August Stopplehaar.

*9. Father's Occupation* Mackenist.

*10. Father's Birthplace* Hanover. Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Butt.

*Address* No 181. N. Centre W. 3 doors S. of Monument.

*Remarks* All well.

...days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20167

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

*1. Sex (state whether Male or ~~Female~~)* "

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 20th 1877

*4. Place of Birth (Street, and Number)* No 764 W. Balto. St.

*5. Full Name of Mother* Mary McCurly

*6. Mother's Maiden Name* " McLaughlin

*7. Mother's Birthplace* Balto. Md

*8. Full Name of Father* James McCurly

*9. Father's Occupation* Mechanic

*10. Father's Birthplace* Balto. Md

*Name of Medical Attendant,* or other Person who makes this Return. D. L. Spicer Mr

*Address* 379 W. Lombard St

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20168

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 20 Aug 1877
4. *Place of Birth (Street and Number)* 88 Asquith Str
5. *Full Name of Mother* Minnie Carl
6. *Mother's Maiden Name* Minnie Judd
7. *Mother's Birthplace* U States
8. *Full Name of Father* Henry Carl
9. *Father's Occupation* Tailor
10. *Father's Birthplace* U States

*Name of Medical Attendant,* or other Person who makes this return Sarah [illegible]

*Address* 52 E Lombard Str

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20169

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 20 Aug 1877
4. *Place of Birth (Street and Number)* 198 Keynote Str
5. *Full Name of Mother* Fredericke Gunther
6. *Mother's Maiden Name* Mundt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Gunther
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Sarah Barber

*Address* 528 Lombard Str

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20170

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August the 20 1877
4. *Place of Birth (Street and Number)* 48 Shiler Street Baltimore
5. *Full Name of Mother* Mrs Margret Ann Banks
6. *Mother's Maiden Name* Margret Ann Pipes
7. *Mother's Birthplace* Baltimore City M. D.
8. *Full Name of Father* Samuel H. Banks
9. *Father's Occupation* Oyster Schucker
10. *Father's Birthplace* Dorchester County

*Name of Medical Attendant,* or other Person who makes this return Elizabeth Poolmid Wife

*Address*

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

20171

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9"

1. Sex (state whether Male or Female) F 1
2. Race or Color (if not of the white race) W
3. Date of Birth Aug 20 1877 6P Sec St
4. Place of Birth (Street and Number)
5. Full Name of Mother Cora L Leate
6. Mother's Maiden Name
7. Mother's Birthplace Virginia
8. Full Name of Father L. T. Leate
9. Father's Occupation Merchant
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Richd. McSherry MD

Address 189 N Howard St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

20172

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th child

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* "

*3. Date of Birth* August 21 1877

*4. Place of Birth (Street and Number)* No. 8. Pason St

*5. Full Name of Mother* Kate Maier

*6. Mother's Maiden Name* " Laebach.

*7. Mother's Birthplace* Minderbuishem

*8. Full Name of Father* Henry Maier.

*9. Father's Occupation* Labor.

*10. Father's Birthplace* Melzungen.

*Name of Medical Attendant,* or other Person who makes this Return. Anna Lindner

*Address* No. 45 Monroe St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20173

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth August 20th
4. Place of Birth (Street and Number) 435 West Lombard st
5. Full Name of Mother Susie M. Haigley
6. Mother's Maiden Name Susie M. Bishop
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John A. Haigley
9. Father's Occupation Machenist
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Anne Findner

Address 1045 Monroe St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

201711

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 26th 1877 |
| *4. Place of Birth (Street and Number)* | No 45 York st. |
| *5. Full Name of Mother* | Elizabeth Kuhn |
| *6. Mother's Maiden Name* | Schmidt |
| *7. Mother's Birthplace* | America |
| *8. Full Name of Father* | Joseph Kuhn |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schroeder midwife |
| *Address* | 213 Gross st. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20175

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female Color
2. Race or Color (if not of the white race) Color
3. Date of Birth 20 of August Coat
4. Place of Birth (Street and Number) 4 saint paul street
5. Full Name of Mother Mary Rich
6. Mother's Maiden Name
7. Mother's Birthplace Richmond Conty virginia
8. Full Name of Father Luise Lorian
9. Father's Occupation Writer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elen stu Bd 42

Address sharps street

Remarks

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20176

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Monday Night August 20th 1877

*4. Place of Birth (Street and Number)* #37 Greenmount Ave.

*5. Full Name of Mother* Harriet M. Bolton

*6. Mother's Maiden Name* Harriet M. Loggins

*7. Mother's Birthplace* Balto Co. Md

*8. Full Name of Father* Edward Bolton

*9. Father's Occupation* Hay Business

*10. Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Wilmer Brinton, M.D.

*Address* #25½ Greenmont Ave.

*Remarks* Balto City.

# RETURN OF A BIRTH.

20177

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug. 20th
4. Place of Birth (Street and Number)
5. Full Name of Mother Jennie Hall
6. Mother's Maiden Name Jennie Johnson
7. Mother's Birthplace Balto.
8. Full Name of Father Reverdy M. Hall
9. Father's Occupation Physician
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. R. M. Hall M.D & Lucy Sidney Wiedinger

Address 262 Sharp St.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20178

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT REG. 24 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3te Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 20, 1877
4. *Place of Birth (Street and Number)* E. Spring St. No. 129.
5. *Full Name of Mother* Mary Klein
6. *Mother's Maiden Name* Mary Bakel.
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* Wilhelm Klein
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this return* Mary E. Muller

*Address* N. Dallas St. No. 26.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**...ity of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

20179

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 23 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th Child

1. Sex (state whether Male or Female) ~~white~~ Female

2. Race or Color (if not of the white race) white

3. Date of Birth August 20th 1877

4. Place of Birth (Street and Number) No. 101 Camden St Cor Coon

5. Full Name of Mother Anna Marks

6. Mother's Maiden Name " Ladie

7. Mother's Birthplace Cicely Italy

8. Full Name of Father Frank Marks

9. Father's Occupation Fruit Stand

10. Father's Birthplace Cicely Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs Perry

Address No. 62 China St

Remarks "

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20180

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd child

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* august 20 1877

*4. Place of Birth (Street and Number)* 3 Hoptank St

*5. Full Name of Mother* eliza bonavell

*6. Mother's Maiden Name* eliza lowis

*7. Mother's Birthplace* ac mack co virgina

*8. Full Name of Father* peter W bonavell

*9. Father's Occupation* of tug boat

*10. Father's Birthplace* ac mack co virgina

*Name of Medical Attendant,* or other Person who makes this Return. Rachel ann garrett

*Address* 433 aliceanna St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20181

HEALTH DEPARTMENT AUG 22 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.*** August 8

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 20th 1877
4. *Place of Birth (Street and Number)* 300 Lucianna St.
5. *Full Name of Mother* Sophia Neubert
6. *Mother's Maiden Name* Sophia Gardner.
7. *Mother's Birthplace* America
8. *Full Name of Father* John Neubert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this return Mrs Mary Reed

*Address* No 127 Wolfe St

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20182

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* August 20th 1877

*4. Place of Birth (Street and Number)* 84 E. Balto St.

*5. Full Name of Mother* Mary Elizabeth Morfit

*6. Mother's Maiden Name* Mary Elizabeth Fisk

*7. Mother's Birthplace* Washington D.C.

*8. Full Name of Father* Charles Morfit

*9. Father's Occupation* Physician

*10. Father's Birthplace* Washington D.C.

*Name of Medical Attendant,* or other Person who makes this Return. F Ridgway Andrew M.D.

*Address* 121 E. Balto St

*Remarks* Vertex Presentation. 2nd Position

---

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20183

HEALTH DEPARTMENT SEP 13 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3 2/11

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Aug 21st 1877

*4. Place of Birth (Street and Number)* 10 9. N. Front

*5. Full Name of Mother* Mary Ann Tracey

*6. Mother's Maiden Name* " " Carroll

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* Dennis Tracey

*9 Father's Occupation*

*10. Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Geo. B. Reynolds M.D.

*Address* 43 N. Calvert

*Remarks*

advise at the Office of the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20184

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 21 1877 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st Child. - Boy

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 21st 1877.

*4. Place of Birth (Street and Number)* 101 N. Strieker St.

*5. Full Name of Mother* Lena Ogle

*6. Mother's Maiden Name* Alterter

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* William J. Ogle

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return. J. Walton White M.D.

*Address* 67 N. Gilmor St.

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

21185

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | White. |
| *3. Date of Birth* | August 21st 1877. |
| *4. Place of Birth (Street and Number)* | Belair Avenue. |
| *5. Full Name of Mother* | Katherine Hellmeyer. |
| *6. Mother's Maiden Name* | Katherine Bauer. |
| *7. Mother's Birthplace* | Germany. |
| *8. Full Name of Father* | John D. Hellmeyer. |
| *9. Father's Occupation* | Cooper. |
| *10. Father's Birthplace* | Germany. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dena Hellmeyer. |
| *Address* | No. 182. E. Monument St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20186

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 5 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Augt. 21st 1877
4. Place of Birth (Street and Number) No. 88 S. Chester St.
5. Full Name of Mother Emma Smith
6. Mother's Maiden Name Hilton
7. Mother's Birthplace Baltimore City
8. Full Name of Father Elias Smith P
9. Father's Occupation Pilot
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mr. Gately M.D.

Address 244 [illegible]

Remarks

20187

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 31 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Birth 21 August
4. Place of Birth (Street and Number) 86 Hampstead St
5. Full Name of Mother Maggie [illegible] Rade
6. Mother's Maiden Name Maggie McAllister
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Rade
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Tatson Park arnew

Remarks

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20188

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) Eleventh.

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White.
3. Date of Birth 21st August 1877.
4. Place of Birth (Street and Number) 309 E. Pratt st.
5. Full Name of Mother Fredericka Ehrman,
6. Mother's Maiden Name Fredericka Gehrman
7. Mother's Birthplace Braunschweig Germany,
8. Full Name of Father Frederick Ehrman.
9. Father's Occupation Merchant
10. Father's Birthplace Wertenburg Germany.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20189

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

AUG 17 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female Child
2. Race or Color (if not of the white race) Colord race
3. Date of Birth August the 21-1877
4. Place of Birth (Street and Number) Regester St No 17
5. Full Name of Mother Mary Smallwood m d
6. Mother's Maiden Name mary Murry
7. Mother's Birthplace Baltimore m d
8. Full Name of Father Henry Smallwood
9. Father's Occupation Calker
10. Father's Birthplace Baltimore m d

Name of Medical Attendant, or other Person who makes this Return. Lowinda Woolford

Address Regester St No 17 Baltimore m d

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20190

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) Colord race
3. Date of Birth august the 21 1877
4. Place of Birth (Street and Number) Mulling St 142 Baltimore md
5. Full Name of Mother Ellen Hall
6. Mother's Maiden Name Ellen Jones
7. Mother's Birthplace Baltimore md
8. Full Name of Father James Hall
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regessler St 130 Baltimore md

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

v1

# RETURN OF A BIRTH.

20191

HEALTH DEPARTMENT
AUG
27
1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | 2 Aug 1877 |
| 4. *Place of Birth (Street and Number)* | Highland Town |
| 5. *Full Name of Mother* | Sophie Schlutterbeck |
| 6. *Mother's Maiden Name* | Faulk |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | William Schlutterbeck |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Sarah Cooper |
| *Address* | 52 E Lombard St. |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

20192

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 21 st. 1877
4. Place of Birth (Street and Number) 74 S. Chopstank
5. Full Name of Mother Catharine Fredericka Parrott
6. Mother's Maiden Name C. F. Heise
7. Mother's Birthplace Balto. City
8. Full Name of Father John Cooper Parrott
9. Father's Occupation Grocer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas E Donnelly M.D.

Address 299 E. Balto, St.

Remarks

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20193

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (*state whether Male* ~~or Female~~)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* August the 21. 1877
4. *Place of Birth* (*Street and Number*) S. Carolina St. No. ~~Ft~~ 177
5. *Full Name of Mother* Mary Siegler
6. *Mother's Maiden Name* Mary Forst.
7. *Mother's Birthplace* Preis. Pr. Preussen. Germany
8. *Full Name of Father* Alexander Siegler
9. *Father's Occupation* Shunmacher
10. *Father's Birthplace* Kaiserheim Pr. Preussen Germany

*Name of Medical Attendant, or other Person who makes this return* Mary E. Muller

*Address* N. Dallas St. No. 26,

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20194

# RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG. 25. 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3ds Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August. the. 21. 1877
4. *Place of Birth (Street and Number)* Eastern Av. No ~~77~~ 94
5. *Full Name of Mother* Elisabetha Jaekel
6. *Mother's Maiden Name* Elisabetha Fleinzman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Eduard Jaekel
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this return* Mary E. Miller

*Address* N. Dallas St. No. 26.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20195

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 25 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | 21st of August |
| *4. Place of Birth (Street and Number)* | 11 Dolphin St. |
| *5. Full Name of Mother* | Mary Walsh |
| *6. Mother's Maiden Name* | " Reynolds |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Peter Walsh |
| *9. Father's Occupation* | Stone cutter. |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Crosby |
| *Address* | 369 Cathedral St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 20196

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | white |
| *3. Date of Birth* | August 21st 1877 |
| *4. Place of Birth (Street and Number)* | Battery avenue. 116. |
| *5. Full Name of Mother* | Babette Wagner |
| *6. Mother's Maiden Name* | Babette Schmuck |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | Joseph Wagner |
| *9. Father's Occupation* | Gospel |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs B C Brune |
| *Address* | 114 Battery Avenue |
| *Remarks* | Baltimore |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20197

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21 August
4. Place of Birth (Street and Number) 95 Curley st
5. Full Name of Mother Eliza J Goodwin
6. Mother's Maiden Name Eliza J Bamber
7. Mother's Birthplace Balto Co.
8. Full Name of Father James Goodwin
9. Father's Occupation Engineer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan

Address 104 Curley st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20198

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** August 24 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 21st 1877
4. *Place of Birth (Street and Number)* 239 Alicanna St.
5. *Full Name of Mother* Louisa Bacher
6. *Mother's Maiden Name* Louisa Kahlert
7. *Mother's Birthplace* America
8. *Full Name of Father* William Bacher
9. *Father's Occupation* Luiber
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this return Mrs. Mary Amend

*Address* No. 137 Wolfe St.

*Remarks* //

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20199

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
23
1877
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Num 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Aug 21
4. *Place of Birth* (Street and Number) no 61 Calvert St
5. *Full Name of Mother* Debby Louisa Jones
6. *Mother's Maiden Name* Debby Louisa Miller
7. *Mother's Birthplace* Eastern Shore Maryland
8. *Full Name of Father* Wm Gilbert Jones
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* Baltimore MD

*Name of Medical Attendant,* or other Person who makes this Return. Thomas Brown

*Address* no 131 york st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20.200

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 13 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 22 1877
4. Place of Birth (Street and Number) N 687 W. Fayette S
5. Full Name of Mother Mary M. Bogue
6. Mother's Maiden Name Mary M. Davis
7. Mother's Birthplace Norfolk Va
8. Full Name of Father Robert H. Bogue
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Chatard MD

Address N 114 Park Ave

Remarks

20201

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 21 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)*
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* Shoe Case Maker
10. *Father's Birthplace* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address* [illegible]

*Remarks*

adyise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

202021

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) five

1. Sex (state whether Male ~~or Female~~) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth August 22nd 1877
4. Place of Birth (Street and Number) 19 Aisquith Baltimore Md
5. Full Name of Mother Anna Rebecca Krantz
6. Mother's Maiden Name " " Martin
7. Mother's Birthplace Frederick Co Md
8. Full Name of Father Ashton Alexander Henry Krantz
9. Father's Occupation Clerk in Post Office
10. Father's Birthplace Manchester Cabbel Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Wayson

Address 18. Aisquith St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20203

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 22
4. *Place of Birth (Street and Number)* Hull Street 3
5. *Full Name of Mother* Rosa Moch
6. *Mother's Maiden Name* Rosa Rop
7. *Mother's Birthplace* Vendling Rop
8. *Full Name of Father* Labor IL
9. *Father's Occupation*
10. *Father's Birthplace* Lerman

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Margret Ettel
Cubia Street 13

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

202011

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* August 22. 1877

*4. Place of Birth (Street and Number)* No 255 Forrest St

*5. Full Name of Mother* Mary Carten

*6. Mother's Maiden Name* Mary Bryan

*7. Mother's Birthplace* Baltimore

*8. Full Name of Father* William Carten

*9. Father's Occupation* Cuppever.

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. M. A. Butt.

*Address* No 181 N. Central av. & Bloom St of Monument

*Remarks* All well

20205

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
25
1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 7 th

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 22 nd of August 1877
4. *Place of Birth (Street and Number)* No 107 Lemmon St.
5. *Full Name of Mother* Lina Schaefer
6. *Mother's Maiden Name* L. Heinrich
7. *Mother's Birthplace* born the in Sac Germany
8. *Full Name of Father* Adam Schaefer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in the City of Balto.

*Name of Medical Attendant,* or other Person who makes this Return. Miss Hiller

*Address* No 57 Smallwood St. Balto.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20206

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth August 22nd 1877
4. Place of Birth (Street and Number) No 3c Covington St
5. Full Name of Mother Anna Auser
6. Mother's Maiden Name Anna Mick
7. Mother's Birthplace New Jersey
8. Full Name of Father George Auser
9. Father's Occupation Glass blower
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs P Brune

Address 114 Battery Avenue

Remarks Baltimore Md

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20207

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 22
4. Place of Birth (Street and Number) 52 Jefferson st
5. Full Name of Mother Annie Gatepood
6. Mother's Maiden Name Annie Johnson
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Anderson Gatepood
9. Father's Occupation Cafe
10. Father's Birthplace Harrisburg Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson Dr

Address No 32 Short st

Remarks healthy child

# RETURN OF A BIRTH.

20208

HEALTH DEPARTMENT AUG 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 22nd 1877

4. *Place of Birth* (Street and Number) 105 S Greene st

5. *Full Name of Mother* Kate Kipley

6. *Mother's Maiden Name* Kate Knotts

7. *Mother's Birthplace* Hagerstown Md

8. *Full Name of Father* Thos Kipley

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant*, or other Person who makes this Return. J Edward Kirby M.D.

*Address* 91 S Greene st.

*Remarks*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

202-09

HEALTH DEPARTMENT AUG. 24 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 22nd 1877 |
| *4. Place of Birth (Street and Number)* | Parish Alley (No number on house) |
| *5. Full Name of Mother* | Mary Ann Morrow |
| *6. Mother's Maiden Name* | Mary Ann Hamilton. |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | William John Morrow |
| *9. Father's Occupation* | Gardiner. |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Marcen D. Humes. M. D. |
| *Address* | 288 N. Stricker Street. |
| *Remarks* | |

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.**

# RETURN OF A BIRTH.

20210

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 23 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 22 |
| *4. Place of Birth (Street and Number)* | 346 Myrtle Ave |
| *5. Full Name of Mother* | Sarah Ramsburg |
| *6. Mother's Maiden Name* | Sarah Keach |
| *7. Mother's Birthplace* | St Mary's Co. |
| *8. Full Name of Father* | H. H. Ramsburg |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Indiana |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. H. Wilson |
| *Address* | 207 Hanover Ave. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20211

HEALTH DEPARTMENT SEP 8 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex (state whether Male or Female)* | Male. |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 23 1877. |
| 4. *Place of Birth (Street and Number)* | No 92 Caroline Street. |
| 5. *Full Name of Mother* | Lizzy Smith. |
| 6. *Mother's Maiden Name* | Lizzy Hoskins. |
| 7. *Mother's Birthplace* | Ireland. |
| 8. *Full Name of Father* | John Smith |
| 9. *Father's Occupation* | Collar maker. |
| 10. *Father's Birthplace* | Ireland. |
| *Name of Medical Attendant, or other Person who makes this return* | Dena Hillquist. |
| *Address* | No 182 Broadway st. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20212

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug 25th 1877
4. Place of Birth (Street and Number) 264 S Broadway.
5. Full Name of Mother Anna Buchholz
6. Mother's Maiden Name " "
7. Mother's Birthplace Germany.
8. Full Name of Father Dont know! (funny) aint it
9. Father's Occupation " "
10. Father's Birthplace " "

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank Str.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20213

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug. 28th 1877 |
| *4. Place of Birth (Street and Number)* | 4 E. John St |
| *5. Full Name of Mother* | Julia Valz |
| *6. Mother's Maiden Name* | Julia Mills |
| *7. Mother's Birthplace* | Derby England |
| *8. Full Name of Father* | Antonio M. Valz |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Italy |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas W. Hunter M.D. |
| *Address* | 111 Greenmount Ave |
| *Remarks* | |

# RETURN OF A BIRTH.

202/14

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) | Finest |
| *1. Sex* (*state whether Male or Female*) | Male |
| *2. Race or Color* (*if not of the white race*) | White |
| *3. Date of Birth* | Aug. 23rd 1877 |
| *4. Place of Birth* (*Street and Number*) | 186 Greenmount Ave |
| *5. Full Name of Mother* | Sabina Burk |
| *6. Mother's Maiden Name* | Sabina Killalea |
| *7. Mother's Birthplace* | Ireland |
| *8. Full Name of Father* | Stephen Burk |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Silas N. Hendy M.D. |
| *Address* | 111 Greenmount Ave. |
| *Remarks* | |

...advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20215

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) fem
2. Race or Color (if not of the white race) —
3. Date of Birth 23 Aug. 77
4. Place of Birth (Street and Number) 11 McMechin near Penna ave
5. Full Name of Mother Amelia Boland
6. Mother's Maiden Name " Murry
7. Mother's Birthplace Md
8. Full Name of Father Thos B Boland
9. Father's Occupation Plumber
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. G L Haneyhill

Address 129 N Biddle St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20216

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug. 23rd 1877 |
| *4. Place of Birth (Street and Number)* | 35 Constitution |
| *5. Full Name of Mother* | Mary. E. Mitchell |
| *6. Mother's Maiden Name* | " " Hubbard. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph. C. Mitchell |
| *9. Father's Occupation* | Plumber & Gas Fitter. |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Edward. P. McDevitt, M.D. |
| *Address* | 137 N. Exeter St. |
| *Remarks* | |

# RETURN OF A BIRTH.

20217

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | ~~October 31, 1897~~ |
| *4. Place of Birth (Street and Number)* | 544 N. Lombard St. |
| *5. Full Name of Mother* | Martha Ellen Simmons |
| *6. Mother's Maiden Name* | Ward |
| *7. Mother's Birthplace* | Baltimore Co. Md. |
| *8. Full Name of Father* | George A. Simmons |
| *9. Father's Occupation* | Paperhanger |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | John Hood, M.D. |
| *Address* | 12 N. Carey St. |
| *Remarks* | Finger, large baby. |

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

20218

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 23, 1877 |
| *4. Place of Birth (Street and Number)* | 354½ Madison Av. |
| *5. Full Name of Mother* | Annie S. McCurley |
| *6. Mother's Maiden Name* | Stran |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Isaac McCurley |
| *9. Father's Occupation* | Lawyer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | John Hood, M.D. |
| *Address* | 2 N. Carey St. |
| *Remarks* | Fine, Well-developed child |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20219

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| *1. Sex (state whether Male or Female)* | 1 femail |
| *2. Race or Color (if not of the white race)* | Whit |
| *3. Date of Birth* | August the 23 1877 |
| *4. Place of Birth (Street and Number)* | Baltimore Wilkins Av No 9 |
| *5. Full Name of Mother* | Sarah Rebecca Maul |
| *6. Mother's Maiden Name* | Sarah Rebecca Wilson |
| *7. Mother's Birthplace* | Baltimor |
| *8. Full Name of Father* | Edward Maul |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs S Freeburgo |
| *Address* | 274 Ramsey St |
| *Remarks* | Mrs Colley No 9 Wilkins Av |

20220

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 27 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Five |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 23 augst |
| *4. Place of Birth (Street and Number)* | 102 Columbia st |
| *5. Full Name of Mother* | Kate Harris |
| *6. Mother's Maiden Name* | Kate Hyamen |
| *7. Mother's Birthplace* | New York City |
| *8. Full Name of Father* | John Harris |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | London Eng |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Fisher |
| *Address* | 33 [redacted] Howard St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 203.

20221

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* | 8 te |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | white |
| 3. *Date of Birth* | August 23. 1877 |
| 4. *Place of Birth (Street and Number)* | Ost Oleansstr |
| 5. *Full Name of Mother* | Eva Morgareth |
| 6. *Mother's Maiden Name* | Eva Uuslein |
| 7. *Mother's Birthplace* | Ebermannsstadt Baiern |
| 8. *Full Name of Father* | Friedrich Morgareth |
| 9. *Father's Occupation* | Tabor |
| 10. *Father's Birthplace* | Neukirchen Baiern |
| *Name of Medical Attendant,* or other Person who makes this return | Ms Johanna Raupach |
| *Address* | South Wolfstr No 28 |
| *Remarks* | Midwife |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20222

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG
25
1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | Colored. |
| *3. Date of Birth* | August 23rd 1877 |
| *4. Place of Birth (Street and Number)* | 362 Montgomery St. |
| *5. Full Name of Mother* | Mary Floyd. |
| *6. Mother's Maiden Name* | Mary Nock. |
| *7. Mother's Birthplace* | Accomac Cy. Va. |
| *8. Full Name of Father* | Thomas Floyd. |
| *9. Father's Occupation* | Driver. |
| *10. Father's Birthplace* | Accomac Cy. Va. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elisabeth Scarborough. |
| *Address* | 236 Montgomery St. |
| *Remarks* | |

advise at the birth of any child, within the City of Balt
within six days thereafter, stating distinctly the date of
born, its or their physical condition, whether still born o
of the parents, and the maiden name of the mother of s

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20223

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 23rd
4. Place of Birth (Street and Number) Scott and Stockholm
5. Full Name of Mother Bertha Mebus (reported Mebusk)
6. Mother's Maiden Name " Miller
7. Mother's Birthplace Kur. Hessen
8. Full Name of Father Phillip Mebus
9. Father's Occupation Restaurant
10. Father's Birthplace Hessen - Darmstadt, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St.

Remarks Child died 25th Aug. (Spasms)

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

202241

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH-DEPARTMENT SEP 8 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 24th 1877.
4. *Place of Birth (Street and Number)* Belairroad.
5. *Full Name of Mother* Barbara Sigrist
6. *Mother's Maiden Name* Barbara Stlib.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Sigrist
9. *Father's Occupation* Butcher.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Dena H. Segrist.

*Address* No 182 monument street.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

20225

HEALTH DEPARTMENT SEP 7 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 24 August 1877 |
| *4. Place of Birth (Street and Number)* | 261 Hamburg St |
| *5. Full Name of Mother* | Ann Rebecca Schueler |
| *6. Mother's Maiden Name* | Ann Rebecca Bergen |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Louis Schueler |
| *9. Father's Occupation* | Cigar Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. W. Goettner |
| *Address* | 369 W. Lombard |
| *Remarks* | |

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20226

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 1 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 24 1877 |
| 4. *Place of Birth (Street and Number)* | 149 Ballay avenue |
| 5. *Full Name of Mother* | Elizabeth F. Browning |
| 6. *Mother's Maiden Name* | Elizabeth F. Stone |
| 7. *Mother's Birthplace* | ~~Elizabeth Browning~~ Maryland |
| 8. *Full Name of Father* | George A Browning |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this return* | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20227

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 1 1877 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 24th 1877 |
| *4. Place of Birth (Street and Number)* | 207 Hanover |
| *5. Full Name of Mother* | Laura Appligarth |
| *6. Mother's Maiden Name* | Laura Hubbard |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Wm L. Appligarth |
| *9. Father's Occupation* | Captain of Vessel |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Theodore Cook M.D. |
| *Address* | |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20228

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6d |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 24th 1877 |
| 4. *Place of Birth (Street and Number)* | 293 Cross Street |
| 5. *Full Name of Mother* | Maria Salomon |
| 6. *Mother's Maiden Name* | " " Meudick |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Martin Salomon |
| 9. *Father's Occupation* | Cabinet Maker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this return | Cathrina Münch |
| *Address* | 74 Leadenhall St |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

20229

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 3 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c) | 2nd |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | 24 Aug. |
| 4. *Place of Birth* (Street and Number) | Stony Alley. |
| 5. *Full Name of Mother* | Elizabeth Frey. |
| 6. *Mother's Maiden Name* | Rosbach |
| 7. *Mother's Birthplace* | Kurhessen |
| 8. *Full Name of Father* | Rudolphus Frey. |
| 9. *Father's Occupation* | Labourer |
| 10. *Father's Birthplace* | Switzerland. |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mary Hook |
| *Address* | 328 S. Eutaw St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20230

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 d |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | August 24 1877 |
| 4. *Place of Birth (Street and Number)* | 150 Cayton av |
| 5. *Full Name of Mother* | Maria Mohre |
| 6. *Mother's Maiden Name* | " " Leri |
| 7. *Mother's Birthplace* | Irland |
| 8. *Full Name of Father* | Wm Mohre |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Scotland |
| *Name of Medical Attendant, or other Person who makes this return* | Mrs Louise Braft |
| *Address* | |
| *Remarks* | |

arrive at the birth of any child, within the City of Balt
within six days thereafter, stating distinctly the date of
born, its or their physical condition, whether still born o
the parents, and the maiden name of the mother of such

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20231

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 24th
4. *Place of Birth (Street and Number)* Bird St No. 6
5. *Full Name of Mother* Callie Hutton
6. *Mother's Maiden Name* Callie Hutton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Hutton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Horner

*Address* No. 29 Elizabeth Lane

*Remarks*

advise at the birth of any child, within the City of Baltimore, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20232

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c) 4th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Aug 24th 1877

4. *Place of Birth* (Street and Number) 427 N Gay st

5. *Full Name of Mother* Emma Henry

6. *Mother's Maiden Name* " Green

7. *Mother's Birthplace* City

8. *Full Name of Father*

9. *Father's Occupation* Solomon Henry

10. *Father's Birthplace* Auctioneer City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Buschmann

*Address* 120 Bankst

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

202:3:3

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 30 1877
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Aug 24th 1877 |
| *4 Place of Birth (Street and Number)* | No 178 S Regester St |
| *5. Full Name of Mother* | Mrs Elizabeth Thomas Feller |
| *6. Mother's Maiden Name* | " Thomas |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | William Feller |
| *9. Father's Occupation* | Shipping Master |
| *10. Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Elizabeth Buschmann |
| *Address* | 124 Bank st. |
| *Remarks* | |

# RETURN OF A BIRTH.

202314

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1 d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 24 1877
4. *Place of Birth* (Street and Number) 62 Barnes Alley
5. *Full Name of Mother* Marie Pfeuster
6. *Mother's Maiden Name* M. Catlett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Pfeuster
9. *Father's Occupation* Gilder
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. R. Rediger

*Address* 134 N. Bond St.

*Remarks*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20235

HEALTH DEPARTMENT AUG 28 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 24 1877 |
| *4. Place of Birth (Street and Number)* | 417 Cooksie st Loucust Point |
| *5. Full Name of Mother* | Mary M. Hughes |
| *6. Mother's Maiden Name* | " " Nagle |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Thos D Hughes |
| *9. Father's Occupation* | Stevedore |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mr Ann Nash |
| *Address* | |
| *Remarks* | |

# RETURN OF A BIRTH.

20236

*To the Office of Registrar of Vital Statistics, Board of Health*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
AUG 28 1877
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | aug 24th 1877 |
| *4. Place of Birth (Street and Number)* | Riverside ave |
| *5. Full Name of Mother* | Margrett Weaver |
| *6. Mother's Maiden Name* | Bowers |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Chas A Weaver |
| *9. Father's Occupation* | Butcher |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ann Nash |
| *Address* | |
| *Remarks* | |

*Within at the birth of any child, within the City of Baltimore, shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

20237

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 28 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 24th 1877
4. Place of Birth (Street and Number) 257 Wash St
5. Full Name of Mother Louisa Keyser
6. Mother's Maiden Name Louisa King
7. Mother's Birthplace Norfolk Va
8. Full Name of Father James R. Keyser
9. Father's Occupation Queensware Packer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20235

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 29 1877 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | August 24th 1877 |
| *4. Place of Birth (Street and Number)* | 33 Warren Av. |
| *5. Full Name of Mother* | Laura C. Sanders |
| *6. Mother's Maiden Name* | nee Smith |
| *7. Mother's Birthplace* | Harford Co Md |
| *8. Full Name of Father* | Jos. Wm Sanders |
| *9. Father's Occupation* | Mariner |
| *10. Father's Birthplace* | Balto City Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. C. Lee |
| *Address* | N. W. Cor Hanover & Barre sts |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20239

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 30 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 24 1877
4. *Place of Birth (Street and Number)* 329 Orleans St
5. *Full Name of Mother* Maria Tüll
6. *Mother's Maiden Name* " " Bändle
7. *Mother's Birthplace* Switzerland
8. *Full Name of Father* William Tüll
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this return Mrs Louise Kraft

*Address*

*Remarks*

E

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

20240

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 24 Aug
4. *Place of Birth (Street and Number)* 87 Stirling St
5. *Full Name of Mother* Alice Holmes
6. *Mother's Maiden Name* Brice
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* [illegible] H Holmes
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Ursula T Chirmer

*Address* No 23 Forrest Place

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

202441
202449

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.** August 24th 1877

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Two Females
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 24th 1877
4. *Place of Birth (Street and Number)* 189 Durham St
5. *Full Name of Mother* Christina Reit
6. *Mother's Maiden Name* Christina Amstater
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christ Reider
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

*Name of Medical Attendant,* or other Person who makes this return Mrs Mary Amend

*Address* No. 137 Wine St

*Remarks* H

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, who shall attend, assist or within six days thereafter, stating distinctly the the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

202113

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 27 August
4. *Place of Birth* (Street and Number) Langeste Street
5. *Full Name of Mother* Anie Blancer
6. *Mother's Maiden Name* Wolf
7. *Mother's Birthplace* Baltimer
8. *Full Name of Father* Jos Wolf
9. *Father's Occupation* ———
10. *Father's Birthplace* Bajern Germany

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güttner

*Address* Wolfe Street 245

*Remarks*

# RETURN OF A BIRTH.

20244

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 27 1877 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Children

1. *Sex (state whether Male or Female)* Last Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 of August
4. *Place of Birth (Street and Number)* North west Corner Monument and Castle
5. *Full Name of Mother* Mary Rose
6. *Mother's Maiden Name* Mary Denis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Casper Denis
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel

*Address* 11 North Chappel St for John Kunkel

*Remarks* Healthy

... the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

2024514

HEALTH DEPARTMENT
AUG
27
1877
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | 27 Aug 1877 |
| 4. *Place of Birth (Street and Number)* | 232 Chestnut St |
| 5. *Full Name of Mother* | Helene Duelleck |
| 6. *Mother's Maiden Name* | birthplace Germany |
| 7. *Mother's Birthplace* | name Helene Saultzer |
| 8. *Full Name of Father* | Hermann Duelleck |
| 9. *Father's Occupation* | Accountant |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | Dr. Esther |
| *Address* | 526 London St. |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

20245

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
AUG 27 1877
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Aug 26th 1877
4. *Place of Birth (Street and Number)* Harrison Cole No 16 Baltimore
5. *Full Name of Mother* Mary M Wetheley
6. *Mother's Maiden Name* Mary A young
7. *Mother's Birthplace* Dorchester County m d
8. *Full Name of Father* Granor Wetheley
9. *Father's Occupation* Steverdore
10. *Father's Birthplace* Summerset Co m d

*Name of Medical Attendant, or other Person who makes this Return.* Lucinda Woolford

*Address* Eager St No 130 Baltimore

*Remarks*

*of Baltimore, shall report to the registrar aforesaid, date of birth, sex, and color of the child or children born or not; the full name, nativity, and residence er of such child or children.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20246

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3rd.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 24th 6 15 A.M. 1877
4. Place of Birth (Street and Number) 338 N. Broadway
5. Full Name of Mother Melvinia Sarah Elizabeth Myers
6. Mother's Maiden Name M. S. E. Aburn
7. Mother's Birthplace Balto City
8. Full Name of Father Henry William Myers
9. Father's Occupation Rev. Cutter Guthrie
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Jos. E. Downitte M.D.

Address 299 E Balto St.

Remarks

20247

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 8 th Child |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | Aug 24 th 1877 |
| 4. Place of Birth (Street and Number) | No 15 Ladenhall st. |
| 5. Full Name of Mother | Caroline Schmidt |
| 6. Mother's Maiden Name | Kramer |
| 7. Mother's Birthplace | Germaney. |
| 8. Full Name of Father | Rudolph Schmidt |
| 9. Father's Occupation | Cooper |
| 10. Father's Birthplace | Germaney. |
| Name of Medical Attendant, or other Person who makes this Return. | J. Lohwasser midwife |
| Address | 213 Cross st. |
| Remarks | |

...ervise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20248

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Aug. 24. '77

*4. Place of Birth (Street and Number)* #14 Somersett

*5. Full Name of Mother* Emma J. Nicholson

*6. Mother's Maiden Name* " " Pilkerton

*7. Mother's Birthplace* Baltimore. Md.

*8. Full Name of Father* Thos. George Nicholson

*9. Father's Occupation* Baker

*10. Father's Birthplace* Balto. Md

*Name of Medical Attendant,* or other Person who makes this Return. Geo. A. Hartman Md.

*Address* #305 N. Caroline

*Remarks*

20249

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 25 1877 BALTIMORE.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Aug 24th 1877
4. Place of Birth (Street and Number) 273 W. Fayette St.
5. Full Name of Mother Mary S. Faust
6. Mother's Maiden Name Mary S. Waidner
7. Mother's Birthplace Balto City
8. Full Name of Father Frederick P. Faust
9. Father's Occupation Grocer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brazer M.D.

Address

Remarks

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20260

HEALTH DEPARTMENT SEP 7 1877 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) German (Birth of mother born in this County)

3. *Date of Birth* August 25 - 1877.

4. *Place of Birth* (Street and Number) 178 Madison Ave.

5. *Full Name of Mother* Cecilia Lavitzar Roder

6. *Mother's Maiden Name* " Switzer

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Frederick A. Roder

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. W. E. Moseley M.D.

*Address* 234 Madison Ave.

*Remarks* Child born between seventh & eighth months of pregnancy.

---

advise at the birth of any child, within the City of Balt
within six days thereafter, stating distinctly the date of
born, its or their physical condition, whether still born
of the parents, and the maiden name of the mother of s

CITY HALL

BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

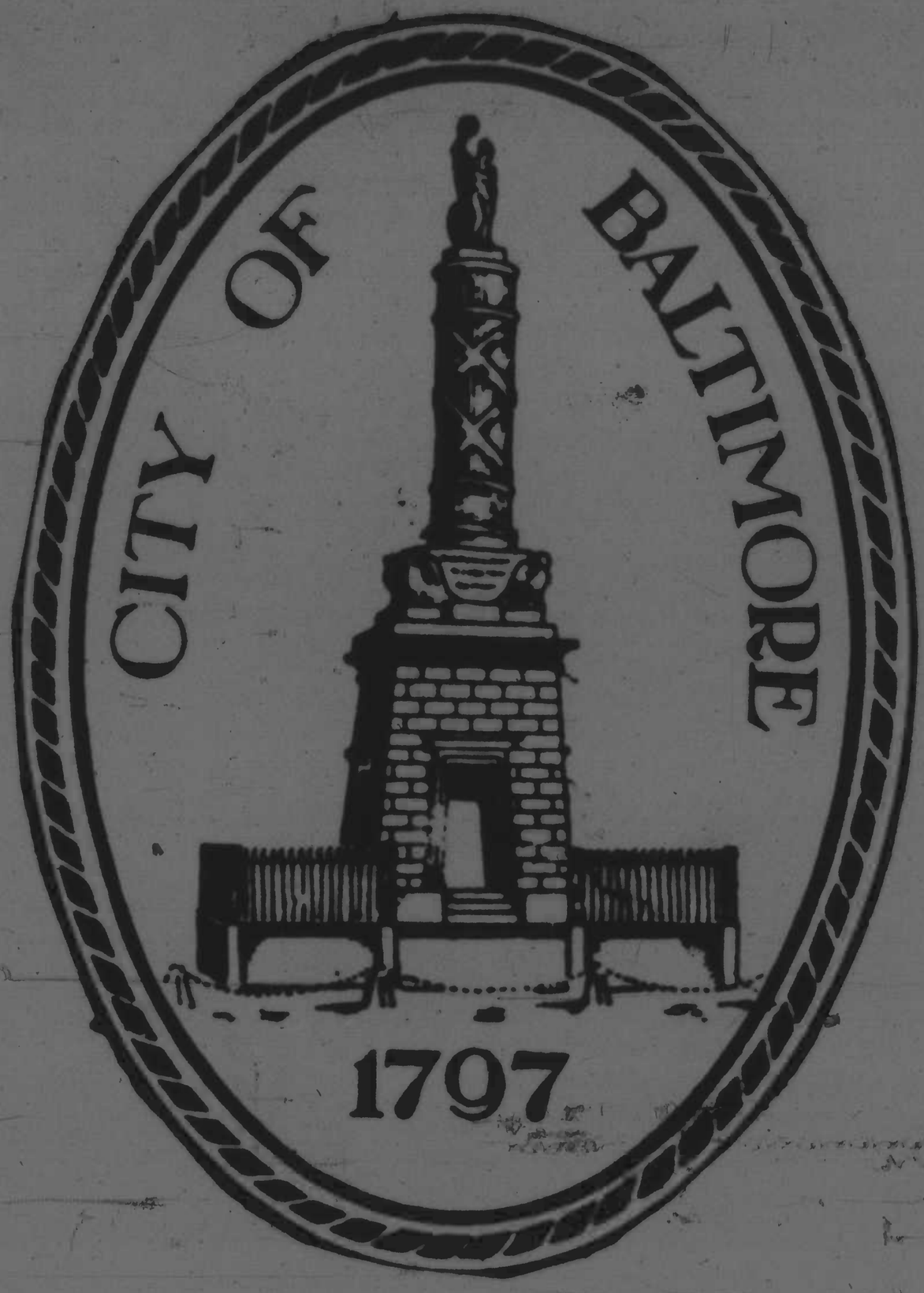
RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 9th DAY Oct OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH # 157511 AND ENDING WITH # 202511 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Ronald Shaefer




# END OF REEL